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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

1939

REPORT NUMBER 17

WINNIPEG, MANITOBA

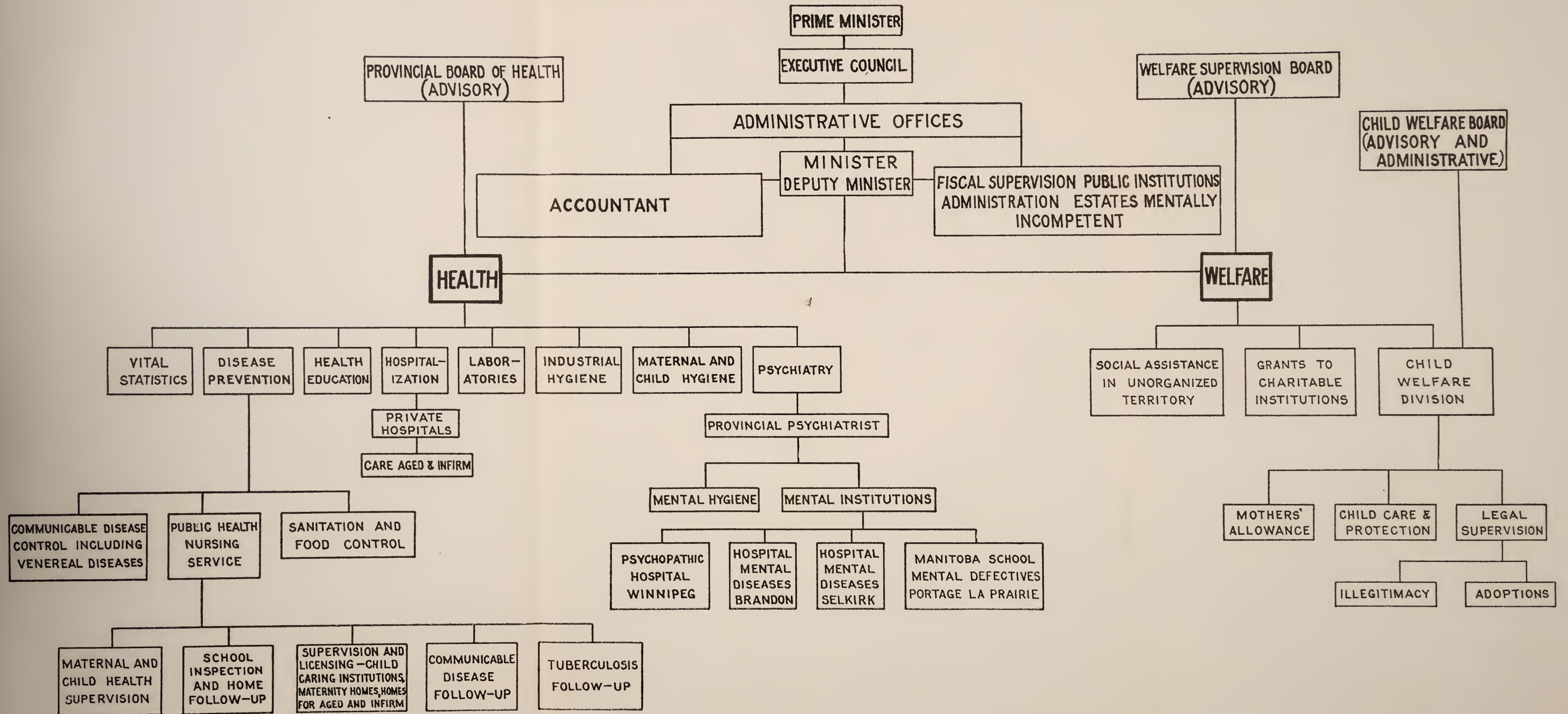
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DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Annual Report, 1939
(Calendar Year)

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Report of Executive Officer

Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the Annual Report for the Department of Health and Public Welfare for the year ending December 31st, 1939.

As I have mentioned in previous reports, the expenditures of this Department under our present social set-up are bound to increase year by year until such time as our preventive efforts begin to show beneficial results and this is not to be expected or become very apparent for at least one generation. It is more than likely that the total expenditure for the Department for the coming calendar year will be close to two and one-half million dollars (\$2,500,000.00). Ninety-two per cent of this expenditure will be for the care of unfortunate individuals in our community who require hospital care and treatment for mental diseases, or assistance from our welfare division. In spite of every effort which can be made in trying to reduce expenditures, those having to do with hospitalization, mental diseases, and public welfare are uncontrollable in that such expenditures are set up by statute and have to be made regardless of their cost. This leaves, therefore, the money appropriated for the preventive aspects of our work the only controllable expenditure and as a result of this, the increase in our preventive services has not corresponded to the increase in the expenditures for social services.

I would not like to infer from this, Sir, that a great deal is not being done through the Division of Disease Prevention to protect and preserve the health of the citizens of Manitoba as well as to prevent unnecessary disease. Many activities are being carried on through the various sections of this Division which will, we believe, have a very definite effect in the future on the health of our people.

CHILD WELFARE AND SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY.

It is not my intention to dwell at any length on the social services that are now available through these Departments to the citizens of Manitoba. I would like, however, to say this. In respect to Child Welfare, this particular service still continues to take care of the needs of bereaved and dependent children and to make provision for child care and protection. Our Division of Social Assistance continues in an ever increasing degree to supply the needs of all indigent or other unfortunate people in unorganized territory. A great many persons who were formerly on relief rolls are now found to be unemployable and as a result, this group in unorganized territory becomes a direct charge on the funds of the Division of Social Assistance. It is natural to assume then, and it is a fact, that there is a very decided increase in the amount of money required for this service.

PSYCHIATRY.

The Division of Psychiatry continues to function in a very satisfactory manner, although there is the usual difficulty of strained accommodation for mental diseases and a definite lack of accommodation for persons with mental defect. It would seem absolutely imperative in this latter connection that further accommodation be made available without delay due to the fact that we have close to one hundred patients in our hospitals for mental diseases suffering from mental defect as well as a waiting list in the hands of the Provincial Psychiatrist of over one hundred, quite a few of which are very urgent cases.

HOSPITALIZATION.

In reference to hospitalization, more and more people are seeking the advantages of the improved medical care and services usually found in hospitals and as a result there is a steady rise in our money requirements for carrying out the provisions of "The Hospital Aid Act". During the year past, two new hospitals have come into operation and, of course, with every addition to the available hospital beds, the money required for these services increases.

PROVINCIAL LABORATORY.

One of the most important parts of our set-up in respect to the prevention of illness and the preservation of health is the Provincial Laboratory. The Provincial Laboratory in Manitoba has been in operation so long now that people take it for granted and do not realize the tremendous service it is rendering to every citizen of Manitoba. In looking over the Report, one cannot help but be astounded at the tremendous amount of work done on a comparatively small budget. This is a service which is available to every individual in Manitoba and to every physician practising medicine, and a service which is rendered without cost to these individuals. If the people of Manitoba had had to secure laboratory services from private sources, the cost would have been not less than \$200,000.00, whereas the actual cost was under \$19,000.00.

With the great increase in the amount of work at the Laboratory over the last two or three years, it is going to be imperative that additional staff be secured and it is not beyond a possibility that the quarters now used for this purpose will be found to be too small.

DISEASE PREVENTION.

The year 1939 saw a great deal of increase in the amount of work required for the control of communicable disease. This was evidenced in the diseases diphtheria, typhoid fever and scarlet fever.

DIPHTHERIA.

In reference to diphtheria, 1937 showed the least number of cases and deaths in the history of the Province. There was a definite increase in the number of cases and deaths in 1938, and again in 1939 a marked increase in cases to a total of 283, although fortunately there was a slight decrease in the number of deaths. With the increase in cases in 1938 a definite attempt was made during the year 1939 to have as much immunization as possible carried out and we were fortunate during this year in having approximately 23,000 persons immunized in Manitoba. It is inter-

esting to note in the distribution of cases and deaths that the majority of cases occurred in municipalities in which no immunization programmes have heretofore been put into operation.

A summary of diphtheria in Manitoba from 1928 to 1939 will be found in Table Number 6 in the Report of the Division of Communicable Disease (Page No. 123.)

TYPHOID FEVER.

The number of cases reported in 1939 was 132 and the number of deaths, 15. This shows an increase of 52 cases over the previous year. This increase is explained by an epidemic of 50 cases at Selkirk. In reference to this epidemic, it is interesting to note that probably the source of the epidemic was a contaminated water supply. As has been our experience in the past years, Winnipeg shows a comparative freedom from typhoid, most of our cases occurring in rural Manitoba and in those parts of it where sanitary conditions are the poorest. One municipality which had 9 cases last year had only 3 cases this year, and in our opinion, this was due to a general clean-up in respect to sanitation and to some extent at least to the use of typhoid vaccine. (See Table Number 8 in the Report of the Division of Communicable Disease, (Page No. 124.).

SCARLET FEVER.

I am pleased to be able to report that although we had 1,106 cases of scarlet fever reported in 1939, this is a decrease of over 250 over 1938. I believe that this is due almost entirely to an increased amount of immunization carried out against this disease in the past two or three years.

ANTERIOR POLIOMYELITIS.

The procedure established in January of 1938 in respect to three weeks' hospitalization in the Children's Hospital for cases of anterior poliomyelitis in which there was residual paralysis, was continued during the past year. We apparently have had in the Province 216 cases which required hospitalization and special treatment. Of these, 134 have been or are under treatment at the Children's Hospital, 41 are under treatment at other hospitals and under private physicians, one had died, 30 are awaiting admission to the Children's Hospital and 5 have not been heard from. In summing up the results to date, we find that 116 or 65.9 per cent of the total treated are considered normal or so nearly normal that their disability will not be a barrier against their being able to earn a living. It would seem, then, that the expenditure of the Department in this connection has been more than justified. During the school year a school teacher is provided at the Children's Hospital so those undergoing treatment can continue their education without interruption.

SMALLPOX.

For a period of three years, 1935, 1936 and 1937, smallpox was completely absent from the Province. I am sorry to advise that the disease has returned, there being reported in 1938, 36 cases and in 1939, 76 cases. Fortunately, all these were of a mild variety and no deaths occurred. However, one cannot be assured that cases occurring will remain mild. As everyone knows our only protection is vaccination and re-vaccination. With this in mind, a determined attempt was made during the year to have municipalities put on vaccination programmes. The Department was fortunate in being able to have approximately 47,000 persons vaccinated. It is only

by intensive vaccination programmes until all susceptibles in the Province have been given protection that we can hope to be assured that smallpox will not occur as it did twenty-five years ago and be, amongst communicable diseases, one of the major causes of death.

Again in 1939 many municipalities continued their efforts in immunization programmes in respect to smallpox, typhoid fever and scarlet fever. Table Number 13 in the Report of the Division of Communicable Disease shows the number of biologics distributed during the past year. (Page No. 130).

VENEREAL DISEASE CONTROL.

On January 1st, 1939, a new procedure was established in our attempts to control the spread of venereal disease. Through the wholehearted co-operation of the City of Winnipeg Police an arrangement was made whereby all female persons apprehended by the Police force on certain specified charges under the Criminal Code were, on the Minister's Certificate, ordered to be examined at the Venereal Disease Clinic at St. Boniface. Up to date, 168 such persons have been examined, 72 of whom were found to be suffering from venereal disease and were immediately placed under detention and treated until they were considered non-infectious. The results obtained, we think, are not all shown in these figures as we know that a great many women for no specified reason have gone to the Clinic and undergone treatment if they were infected, as such individuals soon got to know that if they were picked up by the Police they would be placed under detention and treated, and naturally they much preferred to be treated voluntarily. On April 1st, similar arrangements were made with the Police Departments of St. James, St. Vital and St. Boniface, but to date no female persons have been apprehended by them for infractions of the Criminal Code.

Commencing January 1st, 1940, the same arrangement is to be put into effect by the City of Winnipeg Police in dealing with male persons apprehended on certain specific charges. I believe that this will also prove of great benefit.

Despite the fact that one would expect a marked increase in Venereal Disease as a result of the War and the influx of soldiers from rural areas, it is satisfactory to note that a very small number of cases are reported from the Army. I feel sure that this is due not only to education of the soldiers and to the interest in this disease taken by Army Authorities, but also to the better control of sources of infection. The total number of cases reported for 1939 is slightly less than the number for 1938, although I feel sure that the reporting has been much more accurate and consequently one would expect to have some gain. Syphilis cases decreased by 31, and Gonorrhoea by 41.

Table Number 2 under the Report of the Division of Communicable Disease shows the reported cases of twelve of the common communicable diseases in Manitoba from 1934 to 1939. (Page No. 122).

CANCER.

One cannot leave the question of preventable diseases without making some few remarks in respect to Cancer, as I believe that a great many of the deaths from this cause might be prevented if persons suffering from the disease were able to get efficient, early treatment. During the year, the deaths from cancer reached the high point in the history of Manitoba, 840 deaths being reported. This disease as a cause of death amongst white persons is over three times the problem that tuberculosis is. The most frequently occurring type of cancer as a cause of death, according to our

report this year, was cancer of the stomach and this type of case shows a very high death rate, three out of four persons who contract it dying.

Table Number 12 in the Report of the Divisions of Communicable Disease shows the cancer cases and deaths reported in Manitoba during the year 1939. (Page No. 127).

SANITATION AND FOOD CONTROL.

During the year, on the retirement of Doctor Shoultz as Director of Food Control, a re-organization of the Divisions of Sanitation and Food Control was brought about, the expectation being that more concentrated work could be done by our Inspectors doing the work of both branches in their own particular territory. It is too soon as yet to say just how well this plan will work, but it would appear to be a logical and economical way to carry on the necessary sanitary inspections and service and take care of the work of the Division of Food Control.

The Division continued during the year to supervise the shippers of milk to the distributing plants in Greater Winnipeg, and there is a steady general improvement in the premises from which the milk is being shipped, the way in which it is being handled, and the product itself when it arrives in Winnipeg.

The Chief Sanitary Inspector continued to co-operate with the States of Minnesota and North Dakota in a conjoint survey of the pollution of the Red River of the North and it is hoped during the coming year that a detailed report will be available.

HEALTH EDUCATION.

During the year, Doctor Marguerite Swan, Director of the Division of Maternal and Child Hygiene, was given the responsibility of directing the work of the Division on Health Education. One of the major projects of this Division during the past year has been a health educational course amongst Youth Training Centres, at the Summer School of the University, the Normal Schools and the Faculty of Education. This service was carried on in co-operation with the Department of Education. Altogether a total number of 1,600 young people were given a complete physical examination, 3,048 tuberculin tests were made and 3,196 samples of blood were obtained for Wassermann re-actions. The young people of Manitoba are to be complimented on the fact that, in the three-thousand-odd blood samples examined, there was only one positive Wassermann found. Approximately 16 per cent of those given tuberculin tests gave positive reactions and it is expected that during the year these will all be given a complete physical examination with a chest plate. This work will be done through the co-operation of the Sanatorium Board of Manitoba.

Women's study groups in health were organized in connection with the Women's Institutes in twelve rural centres in Manitoba during the past year. There were ninety-three individual Institutes represented, with a total enrolment of 1,388. The Course given consisted of five lectures on accident and disease prevention. Besides this, at the district conventions of the Women's Institutes held throughout Manitoba in May and June, a speaker was sent from the Department who gave an address on "Communicable Diseases". This particular subject seemed to be a very timely one, and appeared to be instrumental in having several municipal immunization programmes against smallpox and diphtheria put on.

DIVISION OF STATISTICS.

With the retirement of Mr. Paget, Recorder of Vital Statistics, during the year,

a complete re-organization of the Vital Statistics Division was started. The International Health Division of the Rockefeller Foundation contributed funds to make it possible to put in as Director of the Division, Doctor N. R. Rawson who has a Diploma in Public Health and has had special training in medical statistical methods. Ultimately all statistics in the Department will come directly under Doctor Rawson's jurisdiction.

The Pregnancy Study and the Morbidity Survey in rural Manitoba are at present being supervised by him. Both these studies will be completed as at April 30th, 1940, and it is expected that complete reports will be available by the end of the year.

A tremendous amount of material on the present status of maternal care in Manitoba is being collected and the final report should indicate how best we can direct our efforts to improve and increase our activities in maternal and child hygiene.

The Morbidity Study in rural Manitoba, using the Municipal Doctor areas as the testing ground, is continuing satisfactorily through the co-operation of the Municipal Physicians, and on the completion of the Study we should have a fairly accurate idea of the requirements of our rural people in respect to medical care which should indicate just how best adequate medical care can be most satisfactorily provided for people now in need of such service.

Due to the War and to the greater demand for birth certificates required for educational purposes, etc., there has been a great increase in the services to the public and consequently an increase in revenue. For the period May 1st to December 31st, 1939, the increase in revenue over the similar period in 1938 amounted to \$6,944.00. If the public are to be efficiently served by the Division of Statistics, consideration will have to be given to an increase in staff.

MUNICIPAL DOCTOR DISTRICTS:

Three new municipal doctor projects were brought into operation during the year and another has voted favourably on it, but as yet has not engaged a physician. Three districts in which a vote was taken did not approve the plan. At the present time six new districts are in the course of formation. It would seem that this scheme of supplying medical care for certain parts of rural Manitoba will steadily increase. The Department is trying to see that extension of these services will be in an orderly manner so that no district in the Province will ultimately find itself without medical care readily available.

GENERAL.

With the outbreak of War, our Epidemiologist, Doctor Elliott, was called to his regiment, the Fort Garry Horse, and we were fortunate in being able to obtain as Relief Epidemiologist, Doctor Maxwell Bowman, D.P.H., of Clanwilliam. Doctor Bowman's special training in public health has fitted him to carry on satisfactorily Doctor Elliott's work.

In looking over the activities of the Division of Disease Prevention as a whole, one is impressed by the fact that if we are to take a long-range view of the present situation in Manitoba in respect to Health and Public Welfare it would seem very desirable to give earnest consideration to a definite increase in the appropriation for those activities which come under the supervision of the Board of Health.

It is generally considered that the maximum amount of benefit is obtained by the expenditure of One Dollar per head of population in Public Health activities. One would not suggest that this is in any way nearly possible in Manitoba at the present time, but I would like to urgently request that the Government give serious consideration to increasing the expenditure in Preventive Medicine and Public Health to approximately fifty cents (.50c) per head of population. I am fully convinced that if this was done, Manitoba would have Preventive Services which in the course of a generation would repay the taxpayer many times in reducing to a minimum the requirements for the Public care of physical and mental derelicts.

In conclusion, might I express to you, Sir, the appreciation of every member of the staff of this Department for your kind consideration of the many problems which are brought before you, and your wise counsel in the many difficulties of administrative practice which from time to time arise. I would like to express to you my own appreciation of the loyalty and whole-hearted support of every member of the staff during the past year.

All of which is respectfully submitted.

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.

Deputy Minister of Health and Public Welfare.

Welfare Supervision Board

The Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit herewith the report of the Board for the Calendar year ending December 31st, 1939. This Board is appointed by the Government of Manitoba under the provisions of "The Welfare Supervision Act" passed in 1919 and proclaimed by Order-in-Council on January 25th, 1921, and amended in 1923. The membership of the Board was composed of the following:

Dr. E. S. Moorhead—Chairman	Dr. G. F. Stephens
Mr. R. D. Guy, K.C.—Vice-Chairman	Mr. John Spalding
Mrs. Digby Wheeler	Mr. M. D. Grant
Miss Amy J. Roe	Mr. Wm. English
Mrs. Robert Darrach	

During this year the Board has continued its policy of visiting charitable institutions and of making recommendations to the Minister with regard to grants for some of these. The Board is not convinced that a satisfactory method of apportioning grants has been reached. An attempt to find a useful yardstick applicable to all institutions was a failure. Decreasing sources of revenue for the institutions, and a governmental budget which has had to be reduced drastically during the last few years, are factors in the problem. A study of the methods of giving grants used in other provinces is being compiled and it is expected that this may help in improving our system.

The problem of Juvenile Delinquency is still being studied by the Board, aided by data provided in the annual returns from the various provinces published by the Dominion Government. These figures show a remarkable decline in Juvenile Delinquency in Manitoba. The Board is not prepared to accept such a statement as showing the true state of affairs. It is not anticipated that further progress can be made until a standard form of report, with regulations applicable to all provinces, has been formulated and put into effect.

The Board is of the opinion that the supervision of charitable organizations and institutions should be continued and extended, and that the feeling of responsibility for voluntary assistance should be encouraged in the minds of both people and organizations.

Again the Board wishes to express its appreciation for the confidence which has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire especially to mention the encouraging attitude of the Minister of Health and Public Welfare and to thank him for his consideration and courtesy.

Respectfully submitted,

NELLIE McNICHOL SANDERS,

Secretary.

E. S. MOORHEAD, M.D.,

Chairman.

Child Welfare Division

Honourable I. B. Griffiths,
Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Division of Child Welfare for the calendar year 1939.

1. PART III.—“THE CHILD WELFARE ACT”:

Part III of “The Child Welfare Act” which is generally known as the Mother’s Allowance Section ended the year with 880 families on allowance, including a total of 2,511 children. This is a decrease from the previous year of 20 families and 83 children.

It would seem from the experience of the last three or four years that under the present legislation we are approximately at the peak of our requirements in respect to the care of bereaved and dependent children.

It is still found that infectious disease continues to be the greatest single cause of death or disability amongst the fathers of families seeking allowance, the total deaths from infectious diseases for the year being 122, and the total cases of disability being 56. It is interesting to note that 80 mothers on allowance are on allowance because the head of the family has died of pneumonia. The present trend in pneumonia deaths as a result of new treatment instituted within the last two years would indicate that in the space of a very few years, pneumonia as a cause of death should gradually disappear. Unfortunately the same cannot be said of diseases of the circulatory system or cancer as both of these show a marked increase in 1939 over 1938.

Appended to this report will be found the usual statistical tables, Nos. I to VII, which give in detail much interesting information in respect to the families on allowance.

2. PART IV.—“THE CHILD WELFARE ACT”:

In those parts of Manitoba where no Children’s Aid Society operates, the Section on “Child Care and Protection” of the Child Welfare Division continued to function in respect to the protection and maintenance of children who, although not entitled to maintenance under Part III of “The Child Welfare Act”, required some organization to look after their interests.

During the year it was found necessary to take guardianship of 58 children in this category, which makes a total at the present time of 257 children under the guardianship of the Director and who are the direct responsibility of this Department under Part IV of “The Child Welfare Act.” The major causes for the family breakdowns resulting in the neglect of the 58 children mentioned above are as follows:

- (1) Domestic difficulties.
- (2) Lack of parental control.
- (3) Death of both parents.
- (4) Immorality, disease, desertion.
- (5) Abandonment.
- (6) Brutality.
- (7) Death of mother and incompetency of father.
- (8) Infirmary of father and death of mother.
- (9) Death of mother and infirmity of father.
- (10) Immorality of mother and illness of father.
- (11) Infirmary of father and mental deficiency of mother.
- (12) Immorality of father and incompetency of mother.
- (13) Children born out of wedlock.
- (14) Infirmary and disease of father and death of mother.
- (15) Child born out of wedlock to feeble-minded mother.
- (16) Death of both parents.
- (17) Mental deficiency of mother and incompetency of father.

For 36 of these 58 children there appeared a reasonable hope that they might be restored to their homes after certain adjustments had been made, either in the home or the child, or in both. For 22 there seemed to be no such hope and they were committed as permanent wards to remain under care until they reach their twenty-first birthday or secure a new guardian by adoption. In three of the above cases one parent was sent to gaol for contributing to the neglect of the children. Intensive work for a few months with a teen-age boy, who lacked parental care, resulted in a changed attitude and a happy reunion with his home. In a second case the treatment was not so successful because the period of care for the child apart from the family was terminated before the child had developed the new habits of behaviour necessary for a successful home adjustment. Fortunately, institutional care was available for the care of the unmarried feeble minded mother.

When children are left orphans, every effort is made to maintain and strengthen the bonds of relatives. Only where no relative can assume the responsibilities of guardianship does the Division do so.

In six cases children were brought before the court as neglected but some disposition other than commitment was possible. Sometimes such action proved most salutary to negligent parents.

During the year 40 wards were discharged from guardianship for the following reasons:

Discharged to parent or parents.....	16
Majority reached	17
Married	4
Absolutely adopted	2
Died	1

The children coming under care for the first time often require some type of corrective medical or surgical treatment. However, after these initial defects have been remedied, it is surprising how little illness prevails. The one death resulted after long years of hospitalization.

It is realized the work of the Division is only a part of that greater co-operative movement in communities for the improvement of living conditions, spiritually, educationally, physically and morally in our Province.

3. PART V. AND PART VIII.—“THE CHILD WELFARE ACT”:

Under the Section “Legal Supervision” in the Division of Child Welfare are placed the responsibility for the supervision of children born out of wedlock, which is known as Part V. of “The Child Welfare Act”, together with the placing and supervision of children for adoption which comes under the provisions of Part VIII of the Act.

There seems to be a steady, though slight, increase in the number of children born out of wedlock in the Province. This is probably not a natural increase but that we are now getting better statistics in connection with these cases and that the births are more often properly registered. Owing to the arrangement with the various Children’s Aid Societies, the work in connection with Part V should be, and it appears to be, on the decrease. During the year, starting in September, the Winnipeg Children’s Aid Society took over, under an arrangement with the Department, the unmarried mother problem in the district covered by the Society. This means that the work in this connection throughout Manitoba is now being carried out within their various districts by the Children’s Aid Societies of Brandon, Dauphin, Central Manitoba, and Winnipeg. This leaves only the Children’s Aid Society of St. Adelard which has not as yet taken over this work. However, negotiations are still in progress and it is hoped that during this coming year similar arrangements will be completed with this Society as are in operation in the other Children’s Aid Societies in Manitoba. There remains only a very small proportion of organized Manitoba together with unorganized territory which is the direct responsibility of the Child Welfare Division.

In respect to Part VIII of the Act “Adoptions”, we still continue to have an increasing number of applications to adopt children year by year, whereas the number of children placed for adoption remains about stationary. This means that we are able to select better homes in which to place the children and as a result the chances are that such children will reach adult life well trained to become useful citizens in their communities. It is expected also that this work within the Division will be lessened as and when the Children’s Aid Societies take over a greater number of these children for adoption. Tables showing the work in detail of this section are attached to this report. (Tables VIII and IX.)

4. GENERAL:

With the greater interest being shown in the social welfare of the citizens of Manitoba, a much more intelligent interest on the part of the general public is being evidenced in the work of the Department and it would seem that this increased interest on the part of communities should facilitate the reaching of our ultimate goal in respect to having the whole of Manitoba covered by local Children's Aid Societies.

Information has been requested from the Department in respect to the formation of a Children's Aid Society for northern Manitoba and it is hoped that during the coming year some arrangement may be made in respect to establishing an organization "north of 53°".

During the year the Executive Secretary of the Children's Aid Society of Central Manitoba resigned to take a new position in eastern Canada and the Society engaged Miss Ruth Doern of this Department as their Executive Secretary. Late in the year the Executive Secretary of Brandon Children's Aid Society also resigned and it would appear that our staff will be further depleted by the leave of absence of Miss Morrison to take over this position. This will leave us, for the beginning of the intensive work of the summer, two visitors short, unless in the meantime trained workers can be obtained.

5. CONCLUSION:

In conclusion the staff and I would like to express to you, Sir, our deep appreciation of your kindness and advice in the many problems brought before you.

I should like to specially mention to you the work of the Child Welfare Board. This group of conscientious citizens has given freely of their time and energy during the year in assuring that the provisions of the Act, especially of Part III, are effectively carried out. They have met regularly during the year, and have considered all new applications and reviewed all those in which any change in allowance was suggested. By and large it would seem that their deliberations have been almost uniformly satisfactory.

I would like to express appreciation also to all the members of the staff of the Child Welfare Division who have worked conscientiously to try to insure that this Department takes the place it should in the services rendered to the population of Manitoba.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D.,

Director of Child Welfare.

CHILD WELFARE ACT—PART III.

For Year Ending December 31st, 1939.

TABLE I.

Month		Applications Received	Granted	Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year.....		40					
Jan.—	New	17	13	2	13	2,619	907
	Re-applications	1	7	---	---	-----	-----
Feb.—	New	14	9	1	7	2,601	910
	Re-applications	3	1	---	---	-----	-----
Mar.—	New	22	18	3	13	2,620	917
	Re-applications	—	2	---	---	-----	-----
April—	New	4	9	2	17	2,578	911
	Re-applications	5	2	---	---	-----	-----
May—	New	22	13	3	22	2,558	903
	Re-applications	5	1	---	---	-----	-----
June—	New	15	4	2	12	2,540	898
	Re-applications	2	3	1	---	-----	-----
July—	New	18	12	3	13	2,541	898
	Re-applications	5	1	---	---	-----	-----
Aug.—	New	11	13	4	17	2,534	896
	Re-applications	5	2	1	---	-----	-----
Sept.—	New	9	11	---	26	2,494	884
	Re-applications	3	3	---	---	-----	-----
Oct.—	New	14	14	1	18	2,499	883
	Re-applications	2	3	---	---	-----	-----
Nov.—	New	19	9	3	13	2,506	883
	Re-applications	3	4	---	---	-----	-----
Dec.—	New	16	10	6	19	2,511	880
	Re-applications	4	6	---	---	-----	-----
		219	170	32	190		
Applications carried over to next year...		57					
Families under allowance during year							1,055
Number of children assisted during year							3,088

TABLE II.

DISTRIBUTION OF FAMILIES

Cities	Families	Children
Brandon	21	55
Portage la Prairie	15	40
St. Boniface	24	66
Winnipeg	244	591
25 Towns	86	258
12 Villages	29	91
109 Rural Municipalities	524	1,607
Unorganized Territory	112	380
	1,055	3,088

TABLE III.

CAUSES OF CANCELLATION

(a)	Resources sufficient	16
(b)	Only one child under fifteen	99
(c)	No children under fifteen	13
(d)	Only one child—Mother regained health	13
(e)	Father not totally and permanently incapacitated	5
(f)	Father not in an institution	6
(g)	Mother re-married	11
(h)	Non-compliance with regulations	7
(i)	Mother immoral	9
(j)	Received allowance from other funds	3
(k)	Left the Province	3
(l)	Mother died—only one dependent child	2
(m)	Unsatisfactory home conditions	3
	Total	190

TABLE IV.

CAUSES OF REFUSAL

(a)	Resources sufficient	4
(b)	Only one child under fifteen	3
(c)	Only one child	---
(d)	Father not totally and permanently incapacitated	3
(e)	Residence qualifications not fulfilled	1
(f)	Non-compliance with regulations	4
(g)	Mother immoral	1
(h)	Unsatisfactory home conditions	---
(i)	Mother not naturalized and children not born in Canada	1
(j)	Desertion	---
(k)	Father not in an institution	4
(l)	No children under fifteen	---
(m)	Cause of death or disability arose out of Province	1
		22
	Applications withdrawn	10
	Total	32

TABLE V.

CAUSES OF DEATH

1. Infectious Diseases:		
(a)	Tuberculosis	101
(b)	Venereal Disease	7
(c)	Influenza	4
(d)	Typhoid Fever	7
(e)	Smallpox	---
(f)	Erysipelas	1
(g)	Other Causes	2
		122

2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage	24	
(b) Meningitis	10	
(c) Apoplexy	3	
(d) Tumor or Abscess of Brain	16	
(e) Other Causes	17	
	<hr/>	70
3. Diseases of Respiratory System:		
(a) Pneumonia	80	
(b) Bronchitis	3	
(c) Pleurisy	2	
(d) Asthma	3	
(e) Other Causes	18	
	<hr/>	106
4. Diseases of Digestive System:		
(a) Appendicitis	13	
(b) Peritonitis	19	
(c) Ulcers of Stomach and Duodenum.....	11	
(d) Disease of Liver	5	
(e) Other Causes	15	
	<hr/>	63
5. Diseases of Circulatory System		166
6. Diseases of Blood		8
7. Diseases of Kidney, Bladder and Urinary Passages.....		33
8. Diseases of Skin		1
9. Diseases of Bones and Joints		2
10. Cancer		110
11. External Causes:		
(a) Accident	74	
(b) Suicide	39	
(c) Murder	3	
(d) Other Sudden Deaths	12	
	<hr/>	128
12. Other Causes		34
13. Presumed Dead		1
		<hr/>
Total		844
		<hr/>

TABLE VI.

CAUSES OF DISABILITY

1. Infectious Diseases:		
(a) Tuberculosis	50	
(b) Venereal Disease	6	
	<hr/>	56
2. Diseases of Nervous System:		
(a) Paralysis	8	
(b) Sleeping Sickness	3	
(c) Multiple Sclerosis	6	
(d) Other Causes	15	
	<hr/>	32

3.	Diseases of Respiratory System:	
	(a) Chronic Bronchitis	3
	(b) Asthma	9
	(c) Other Causes	2
		<hr/> 14
4.	Diseases of Digestive System	5
5.	Diseases of Circulatory System	35
6.	Diseases of Blood	1
7.	Diseases of Kidney, Bladder and Urinary Passages	3
8.	Diseases of Skin	2
9.	Diseases of Bones and Joints	23
10.	Mental Diseases—in Hospital	40
		<hr/>
	Total	211
		<hr/> <hr/>

TABLE VII.

	NATIONALITY	
	Father	Mother
1. Canadian	37	45
2. English and Welsh	178	183
3. Scottish	132	116
4. Irish	98	83
5. American	16	8
6. Ukranian and Ruthenian	162	179
7. Icelandic	19	20
8. Polish	67	69
9. German	55	64
10. Hebrew	21	19
11. Austrian and Galician	37	37
12. Scandinavian	24	24
13. French	90	87
14. Italian	3	4
15. Russian	10	4
16. Half-breed	21	28
17. Mennonite	51	55
18. Roumanian	6	2
19. Hungarian	8	9
20. Belgian	6	10
21. Dutch	5	6
22. Swiss	3	0
23. Other Foreign	6	3
	<hr/>	<hr/>
Total	1,055	1,055
	<hr/> <hr/>	<hr/> <hr/>

TABLE VIII.

STATISTICS FOR THE CALENDAR YEAR 1939—CHILD WELFARE DIVISION

PART V.

445 Births of children born out of wedlock in Manitoba during the year were reported to this Department. In addition there were reported 27 births where there was insufficient evidence to classify them as children born out of wedlock and 24

births of children to married women where there was some presumption of illegitimacy.

25 Maintenance Agreements, including one verbal agreement, were entered into, during the year.

19 Filiation Orders were obtained during the year.
The decrease in the number of Maintenance Agreements and Filiation Orders is due to the increased jurisdiction of the various Children's Aid Societies in regard to children born out of wedlock.

Receipts on Filiation Orders and Maintenance Agreements during
calendar year\$12,078.04

Disbursements during the calendar year of monies collected under Filiation Orders and Maintenance Agreements were as follows:

To Mothers	\$ 6,690.57
Maternal Grandmothers	927.15
Boarding Homes	1,348.25
Lying-in Expenses	1,023.58
Costs	98.50
Institutions and Children's Aid Societies	664.10
Miscellaneous	1,117.58
	<hr/>
	\$11,869.73
	<hr/>

TABLE IX. PART VIII.

149 Surrender Forms were signed during the year by the respective mothers or legal guardians.

202 Applications for children for adoption were received during the year.

136 Adoption Contracts were approved during the year.

157 Decrees of Absolute Adoption were signed by the various County Court Judges during the year, of which 7 were confirmatory decrees.

The sum of \$665.00 was received during the calendar year for adoption fees.

601 Visits and inspections were made to adopting homes during the year, of which 293 were in the country and 308 in the city.

You will note an increase in all adoption figures during the past year.

There has been a continued increase in the number of adoption applications received during the past few years, while the number of children listed for adoption has remained stationary. The figures are as follows:

Year	Surrender Forms Signed	Applications Received
1935	146	150
1936	157	182
1937	154	166
1938	144	180
1939	149	202

(Adoption figures do not include any Children's Aid Societies' adoptions.)

Social Assistance-Unorganized Territory

F. W. Jackson, M.D., D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I have the honour to submit a report on the activities of the Division of Social Assistance in Unorganized Territory, Department of Health and Public Welfare, for the calendar year ending December 31st, 1939.

The duty of this Division is to extend assistance to bona fide residents of unorganized territory of Manitoba who are unable to care for themselves and their dependents owing to illness of the bread-winner; widows pending application for Mother's Allowance; widows who are not eligible for Mother's Allowance; deserted mothers; aged people under seventy; others who are over seventy but are not eligible for Old Age Pension, either because they are not naturalized, have not lived long enough in the country, or those who cannot submit proof of age. We also have fifteen cases which were recommended for institutional care by a medical man but owing to shortage of beds in institutions, they were placed with private families at a lower rate.

Cases come to the notice of this Department in various ways. Some people make application direct to this office, and others are referred by neighbors, doctors in the district, etcetera.

The following group of men who are employed by the Department of Education as Tax Collectors act as our investigators:

Geo. C. Sommerville, Hadashville	H. H. Harris, Winnipeg
C. W. Oberlin, Dauphin	(Districts of Riding Mountains, Victoria
F. E. Carson, Fraserwood	Beach, Pine Falls and Lake Winnipeg
J. R. Armit, Alonsa	District)
Geo. LaFortune, Vassar	
Wm. Hryciuk, Chatfield	

On receipt of a request for relief, the case is investigated for us by one of these Inspectors who submits a report giving details of family history, and list of family possessions, such as animals, poultry, etc. After the report has been carefully considered relief is placed according to the family's ability to produce their own food stuffs, such as vegetables and milk. When placing relief we are guided to a certain extent by the budget of the Social Welfare Commission, City of Winnipeg, as they use a list of groceries which was prepared for them by the dietician of the Manitoba Agricultural College. The grocery items are printed on the back of our orders so that the Store-

keeper will not supply anything to the family that is not on the list. Following is a list of the groceries supplied:

Baking Powder	Honey	Rice
Beans	Lard	Rolled Oats or
Bread	Macaroni	Oatmeal
Buckwheat Grits	Matches	Salt
Butter	Meats—(Bacon, Beef, Fish, Sausage) not canned.	Sewing Thread
Cheese	Onions	Soap (laundry)
Coal Oil	Pepper	Soda
Cocoa	Potatoes	Sugar
Coffee (not first grade)	Prunes (60-70)	Syrup
Cornmeal	Raisins	Tea (not first grade)
Evaporated Apples		Yeast cakes
Flour (not first grade)		

In placing an order we omit the name of the storekeeper, so that the family may deal with any storekeeper they wish. This change in method was made because we had so much trouble with storekeepers who accused us of patronizing one storekeeper in the district more than another. By the present system of placing orders we have eliminated all such complaints. The storekeeper is requested to send his account in triplicate each month to this office with the recipient's signature affixed thereto.

We have twelve cases who receive their relief by cheque each month. These cases were thoroughly checked, and we assured ourselves that they would use money to better advantage.

The Division of Social Assistance acts in the same capacity in Unorganized Territory as the Social Welfare Commission does in the City of Winnipeg. The cases we are dealing with are incapacitated for any work, and there is no one in the family who could earn a livelihood. If a male member of a family reaches the age of eighteen years, we usually transfer the case to the Unemployment Relief Commission, Department of Public Works. This member of the family is then considered its head.

In addition to supplying relief to indigent families, we are called upon to provide transportation for all cases of the Child Welfare Division when medical attention or hospitalization is required. We also supply transportation for V. D. cases who are residing too far from the doctor to get their weekly treatment. In these cases the matter is thoroughly investigated to assure ourselves that the patient is unable to pay his own transportation. We are also called upon to pay for confinement cases in districts where the hospital is far away. The Nursing Homes in these districts are licensed by the Department of Health, and are usually supervised by the local doctor. We have one in Erickson which is supervised by Dr. E. J. Rutledge, M.L.A.; one in Roblin, supervised by Dr. Peacock; and one in Birch River, supervised by Dr. Boon. According to the Act the Hospitalization Division is unable to pay for these confinements because these Nursing Homes do not come under the Act. Before the accounts for confinement are put through for payment the cases are thoroughly investigated; and in some instances where property is owned, a lien for the amount paid for care in the Nursing Home is registered against the individual's name in the Land Titles Office.

For some cases on relief for over six years, we found it necessary to replace bedding, kitchen utensils, and dishes, and in some cases we were even obliged to repair the homes, it being cheaper to pay money for repairs than to pay rent indefinitely for a family. We are also paying taxes in a number of cases where homes are put in

the tax sale. For all expenditures for families owning property we register liens against their names in the Land Titles Office.

We maintain our own clothing room, and purchase our clothing as far as possible from the manufacturers, and in this way save considerable money.

The following figures will give you information as to the number of cases each year and expenditures:

Year	Cases	Expenditures
1923	257	\$22,559.89
1935	310	27,618.36
1936	402	42,092.86
1937	507	61,041.35
1938	589	76,458.06

In closing I wish to express my thanks and appreciation to the Minister and yourself for your kind co-operation, and I also wish to thank the following organizations for their co-operation—The Nursing Division, Hospitalization Division, Child Welfare Division, Juvenile Court, Officer Commanding of the Royal Canadian Mounted Police, Unemployment Relief Commission, (Department of Public Works), Out-Patient Department of the Winnipeg General Hospital, Psychopathic and St. Boniface Hospitals, and the Social Welfare Commission of the City of Winnipeg.

I also wish to express my thanks to the Staff of the Division of Social Assistance in Unorganized Territory for their loyalty and co-operation.

You will find appended, statistical data of the work covering the calendar year, showing the total number of persons receiving relief during the year as follows:—

- 1. Number of cases receiving relief.
- 2. Expenditure classified according to causes and national groups.
- 3. Miscellaneous expenditure re cases not in receipt of any other relief.
- 4. Number of adults and children according to ages and national groups.

Respectfully submitted,

B. ZEGLINSKI,

Supervisor, Social Assistance,
Unorganized Territory.

TABLE I.

NUMBER OF CASES RECEIVING RELIEF JANUARY 1st, 1939 to
DECEMBER 31st, 1939

	Cases	Dependents
Number of Cases receiving Relief January 1st, 1939.....	513	1,295
Number of New Cases	132	96
Total number of cases receiving Relief	645	1,391
Number of cases discontinued	143	122
Number of cases carried over to 1940	502	1,070

The discontinued cases were as follows:

- 3 Cases transferred to Public Works Department.
- 22 Cases transferred to Old Age Pension Board.
- 13 Cases transferred to Child Welfare Division.
- 24 Cases died.
- 79 Cases closed.

TABLE II.

DETAILS OF CASES RECEIVING RELIEF FROM JANUARY 1st, 1939 to DECEMBER 31st, 1939,

Showing the amount spent for food, clothing, etc., for the year in each Classification and each National Group.

Classification	British	Canadian	French	H. Breeds	Ukranian	Polish	Germans	Other Nats.	Total	No. of Cases by Class.
Old Age -----	12	9	4	12	87	8	2	11		
Partially Disabled -----	\$ 993.34 15	\$ 764.12 21	\$ 575.51 10	\$1,072.12 24	\$5,231.55 49	\$ 671.69 4	\$ 165.90 5	\$1,260.40 12	\$10,734.63	145
Sickness -----	2,816.40 7	3,370.24 22	1,092.65 12	2,628.22 23	6,650.68 73	443.75 6	628.64 6	1,870.85 14	19,501.43	140
Imprisonment -----	422.05	3,329.84 2	1,394.69 1	2,948.27 3	8,105.91 9	595.69	795.58 1	273.65	17,865.68	163
Desertion -----		440.49 6	31.91	251.20 8	369.54 5		94.95 2		1,188.09	16
Widows -----		1,611.67 8		1,910.88 14	407.39 23		349.71	758.36 2	5,038.01	24
Blind -----		877.90	320.27 1	2,936.17 4	2,776.98 4	43.01		95.10	7,669.69	55
Tuberculosis -----			105.00 3	205.03 22	534.75 6				844.78	9
Insanity -----		1,320.20 1	243.32 1	3,153.76	1,194.70 4			3	6,408.45	44
Mentally Incompetent -----		7.50 4	76.05 2		197.28 6	1	1	178.15 1	667.54	9
Unmarried Mothers -----	180.01	1,169.46 2	392.75	115.00 4	787.37 5	103.28		144.11 1	2,891.98	17
Venereal Disease -----		239.35		351.44 2	1,862.21 5			40.00	2,493.00	12
	387.31		105.06 1	358.58	1,724.48		120.52		2,695.95	11
	\$5,478.37	\$13,130.77	\$4,337.21	\$15,930.67	\$29,842.84	\$1,912.47	\$2,308.81	\$5,058.09	\$77,999.23	645

No. of cases by National Group -- 42 84 38 117 276 21 19 48 645

TABLE III.

**MISCELLANEOUS EXPENDITURES RE CASES NOT IN RECEIPT OF
ANY OTHER RELIEF**

January 1st 1939 to December 31st, 1939.

Transportation to and from Hospital and returning non-residents
to their homes:

Northern Manitoba	\$ 498.11
Other parts of Manitoba	1,433.95

Medical Aid, Doctors' Fees, Ambulance Service, Medicine, Etc.:

Northern Manitoba:

Medicine and Ambulance	610.11
Doctors' Fees	1,625.90

Other parts of Manitoba:

Medicine and Nursing	1,061.45
Doctors' Fees	1,940.53

Unclassified Miscellaneous Expenditures:

Northern Manitoba	9.92
Other parts of Manitoba	854.08

Burial of Indigent Persons:

Northern Manitoba	155.00
Other parts of Manitoba	286.80

Total	\$8,475.85
-------------	------------

TABLE IV.

**CLASSIFIED SUMMARY OF EXPENDITURE, JANUARY 1st, 1939
to DECEMBER 31st, 1939**

Food, Fuel Clothing, Medical Fees, Transportation, Burial, Nursing and
Miscellaneous Expenditure \$88,567.11

The above is divided into the following:

Food, Rent, Fuel, etc.	\$69,076.65
Clothing	8,922.58
Inspections	2,092.03

(\$600.00 to Dept. of Public Works)

Medical Fees, Transportation, Burial of Indigent Persons, Nursing and Misc. Expenditure.....	8,475.85
---	----------

Clothing on Hand	\$3,230.34
Refund on Relief during the year 1939	968.80

TABLE V.

AGES OF PERSONS RECEIVING RELIEF FROM JANUARY 1st., 1939 to DECEMBER 31st, 1939.

	British		Canadian		French		H. Breeds		Ukrainian		Polish		German		Other Nats.		Total		Grand Total
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	
20-30	1	2	4	11	3	3	5	15	11	22	1	---	2	3	4	1	31	57	88
30-40	1	1	10	11	4	5	9	21	15	32	1	2	1	2	4	1	45	75	120
40-50	---	4	11	7	5	2	19	23	20	17	1	2	3	4	7	5	66	64	130
50-60	7	3	15	7	5	3	10	13	20	25	1	2	3	4	17	6	78	63	141
60-70	18	8	15	7	12	9	23	18	72	54	8	6	3	---	4	8	155	110	265
70-80	4	---	3	4	---	---	2	5	30	18	---	1	---	---	---	1	39	29	68
80 and over	---	---	1	---	1	---	---	1	5	8	1	---	1	---	---	---	8	10	18
Total Men	31	18	59	47	30	22	68	96	173	176	13	13	12	14	36	22	422	408	830
and Women	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Grand Total	49	---	106	---	52	---	164	---	349	---	26	---	26	---	58	---	830	---	---

TABLE VI.

NUMBER OF CHILDREN ON RELIEF, SHOWING AGES AND SEX

Age	British		Canadian		French		H. Breeds		Ukrainian		Polish		German		Other Nats.		Total
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
1 to 5	2	3	15	15	8	8	27	35	36	23	1	1	2	1	2	3	182
5 to 10	2	2	23	15	10	23	45	54	37	36	3	2	7	2	7	7	275
10 to 16	4	3	16	13	7	9	52	41	52	45	3	3	---	5	9	5	267
16 and over	2	2	4	1	1	4	13	17	17	16	2	3	4	2	3	1	92
Total	10	10	58	44	26	44	137	147	142	120	9	9	13	10	21	16	816
Grand Total	20	---	102	---	70	---	284	---	262	---	18	---	23	---	37	---	---

Total number of Boys----- 416

Total number of Girls ----- 400 — 816

Total number of Adults and Children on Relief — 1,646.

Division of Psychiatry

INCLUDING

PROVINCIAL PSYCHIATRIST

PSYCHOPATHIC HOSPITAL

BRANDON HOSPITAL FOR MENTAL DISEASES

SELKIRK HOSPITAL FOR MENTAL DISEASES

MANITOBA SCHOOL FOR MENTAL DEFECTIVES,
PORTAGE LA PRAIRIE

Provincial Psychiatrist

Doctor F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a report on the work of the Mental Diseases Division for the year ending December 31st, 1939.

GENERAL STATISTICS

	Men	Women	Total	Prev. Year
Remaining in hospital December 31st, 1938.....	1,309	1,025	2,334	2,342
On parole, or otherwise	58	49	107	105
Total on Register December 31st, 1938	1,367	1,074	2,441	2,447
Admissions: January 1st-December 31st, 1939..	325	242	567	515
(Transfers omitted)				
Total under treatment	1,692	1,316	3,008	2,962
Discharged: January 1st-December 31st, 1939..	220	185	405	382
(Transfers and deaths omitted)				
As "recovered"	76	46	122	118
As "much improved"	31	34	65	51
As "improved"	75	75	150	154
As "not insane"	16	12	28	20
As "unimproved"	22	18	40	39
Transfers between hospitals	77	57	134	157
Deaths	92	59	151	137
Elopements	3	0	3	2
Percent discharged of number treated	13	14.06	13.46	12.21
Percent discharged of number admitted.....	67.69	76.45	71.07	56.84
Percent died of number treated	5.42	4.56	5.02	4.39
Remaining in hospital December 31st, 1939.....	1,321	1,020	2,341	2,334

Last year we were able to report that for the first time in its history the province was caring for fewer mental patients at the end of the year than it was at the beginning. There was what might be called a favourable balance of eight as at December 31st, 1938. This figure, though small, stood in marked contrast to the figures of the preceding years which showed an annual increment with consistent regularity. The record for the past year is not quite so good, there being at the end of the year seven more patients in hospital than at the beginning.

It will be noted that in the present year 52 more patients were admitted than in the previous year—28 more in Brandon, 16 more in Selkirk, and 8 more in the Psychopathic Hospital—a percentage increase of a trifle over 1 percent. Over a period of two years there still remained a favourable balance of one, good evidence, one would say, of the continued activity and helpfulness of the hospitals.

The total number of patients on parole was 107, an increase of two over the preceding year, which, in turn, showed an increase over its predecessor.

In last year's report the total admission was given at 672, but this included transfers from hospital to hospital. Excluding the latter, the number of admissions would stand at 515. It would be more nearly accurate and more truly representative of the true state of affairs to consider admissions to the Hospital for Mental Diseases service rather than the total of admissions to all hospitals, regardless of whether or not the patients had already been registered in one or other hospital. This change will affect certain other figures in the report). The comparable figure for this year is 567—an increase of 52—as has already been noted. This is a reversal of the trend that had been noted in the previous three years, but since it resulted in no net increase in the number in hospital over a period of two years, the situation is not so serious as at first sight it might seem.

One is inclined to believe that the comparative favourable balance of the past two years is directly related to the introduction of newer methods of treatment necessitating a greater individualization in patient care. The initial results with these treatments were no doubt somewhat over-estimated. Further experience has done something to modify this enthusiasm in some degree.

The total number under treatment was 3,008, an increase of 46 over the previous year.

While admissions increased during the year, discharges also increased by 23. Last year 12.21 percent of those treated were discharged. This year the figure had increased to 13.46 percent.

Reflecting the fact that the newer forms of treatment are most useful in early cases, it will be noted that the percentage discharged of those admitted during the current year, rose sharply. For the recently admitted, the prospect of favourable result is certainly better, and considerably better than in times past.

337 of the 405 patients discharged were considered to have been benefitted by hospital care. This is within a fraction of a percent of the very high figure recorded last year and in advance of the figures for the two previous years. Here again, one sees evidence that newer methods of treatment, even with some increased conservatism in recording results, are an advance. How to account for the improved results is still open to question. The increased individual care and attention no doubt play a not inconsiderable part, as has already been mentioned.

The mortality rate increased by something less than 1 percent. At its present figure, it is higher than it has been for some time, although not as high as has been recorded in individual hospitals. Some of the increase is due to a "rebound" at the Psychopathic Hospital from the all time low of last year to the average over a period of years. A contributing factor no doubt, too, is the slow process of ageing going on both in the general community and in the hospital group.

Respiratory disease and cardiovascular disease continue to occupy the first and second places as causes of death. The former, however, and this includes Tuberculosis, are responsible in decreasing measure.

Two suicidal deaths occurred. Both were investigated by the Coroner and the hospital absolved of any charge of negligence. In one other case an epileptic patient suffering a convulsion in a bath, died in spite of every effort to save her. In still another case, a patient falling on the floor sustained a fracture of the skull from which he subsequently died.

Falls accounted for a total of seven fractures of the femur, one fracture dislocation of the elbow, a fractured humerus and a fractured clavicle. Two minor fractures occurred in epileptics and one Potts fracture was sustained by a patient in a successful attempt to stop a runaway horse.

The general health of the population, both staff and patient, has been good, on the whole. The attempt to detect hitherto unrecognized and incipient cases of Tuberculosis has been productive of good results. Caring for them once recognized, is a difficult task at Selkirk, where proper facilities for segregation are almost lacking. Another difficulty noted by Dr. Pincock is the relatively small amount of outdoor occupation available for women patients. The incidence of tuberculosis is higher among female patients.

Two interesting outbreaks of disease occurred—one at Brandon, and one at Selkirk. At the former institution no less than five verified cases of appendicitis occurred among staff members in the last half of the year. At Selkirk, there was a small epidemic of an acute inflammatory disease of the Nervous System—referred to as Neuronitis, since it affected both central and peripheral divisions. Many other cases, mostly mild, were noted by physicians practising in the general community. This appears to be a virus disease and accumulating evidence rather tends to link it with the encephalomyelitis of horses. A total of nineteen of the Selkirk staff and patient population were recognizably affected. Since the clinical manifestations varied greatly, it is entirely likely that there were unrecognized cases of mild type.

Preventive inoculation has been carried on vigorously—a total of 760 at Brandon, and 481 at Selkirk. Tests of a biological character, e.g., Shick, Tuberculin, etc., numbered 1,309 at Brandon, and 233 at Selkirk. These figures do not include such routine as Wassermann tests, sputum examinations, etc.

MEDICAL WORK

The work with Insulin and Metrazol therapy has continued and has been extended to other types of psychoses than Schizophrenia, to which it was limited at first. The results possibly somewhat more conservatively appraised than heretofore, continue to be sufficiently encouraging to warrant continuance. Recovery rates have been bettered and average stay in hospital distinctly lessened. The gain, from a variety of standpoints, requires no argument.

Out-Patient work at the Psychopathic Hospital and Brandon has continued throughout the year. It has reached large proportions but continues to be handled by the regular hospital staffs without additions. The medical officers so engaged are withdrawn from intramural duties, and these must be maintained by extra work on the part of the whole staff. The service rendered is exceedingly valuable and entirely worthy of continuance. The time will come, however, when this may be impossible without additional staff.

At Brandon, heretofore, the out-patient work largely concerned children. In this year, the scope was extended to adult patients. For details of this work your attention is drawn to relevant portions of the Brandon report.

The Dental department has had a very busy year, no less than 2,996 examinations having been made at Brandon and Selkirk alone.

2,624 X-Ray films were made at these two institutions, and this is an indication of the activity of this department. The great majority of these films were made as

part of the effort to discover all cases of tuberculosis existing among staff and patients.

The detailed statements of Laboratory investigations carried out indicate both the scope and extent of this work.

Occupational and Industrial therapy continues to be an important part of the work of each of the institutions. Much useful routine work is done, repairs are made, articles are manufactured for sale, and this year some clothing requirements of one hospital were partly supplied by work done in the larger, better equipped department of another hospital.

Patients' entertainment has not been neglected and anyone aware of the otherwise monotonous existence of institutional patients will realize what a boon the various types of entertainment and recreation are.

Training of Nurses and Attendants has been carried on as in other years with the addition of a series of lectures and demonstrations for Junior Attendants at Selkirk.

CONSTRUCTION AND ALTERATIONS

Work done at the various institutions is outlined in the individual reports and need not be mentioned extensively here.

REQUIREMENTS

Apart from the more or less routine renovations that are always necessary in institutions of the character and size of ours, the outstanding need is for increased accommodation at Selkirk. This becomes steadily more urgent and the lack of it has for some years seriously interfered with the usefulness of both Selkirk and the Psychopathic Hospital. It is earnestly hoped that the Government may this year do something to meet a situation that may at any time occasion difficult and highly undesirable consequences.

THE MANITOBA SCHOOL

This institution, being of a different character from the others, an account of its activities does not readily combine with material from the other institutions to form a composite. No attempt has been made to do this and your attention is drawn to the report of the Superintendent. One can say, however, that considering conditions and facilities available, work of a gratifying high character is being done. There is the most urgent need for additional accommodation for males. The waiting list now contains about 130 names. In some instances the cases are of such serious character that their retention in the community constitutes a menace, not to the happiness of others alone, but even to their lives.

In conclusion, may I express my appreciation to you for co-operation given and commend to you the faithful service of the many members of this Division. Their work is arduous and trying in a degree, and little understood by those who view it from the outside, so to speak.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Provincial Psychiatrist.

Psychopathic Hospital

Doctor F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a report on the activities of the Psychopathic Hospital during the year ending December 31st, 1939.

STATISTICAL SUMMARY

	M.	F.	Total	Prev. Year
Remaining in hospital December 31st, 1938	13	16	29	35
On parole or otherwise absent	0	0	0	0
Total on register, December 31st, 1938	13	16	29	35
Admissions: January 1st to December 31st, 1939....	199	143	342	334
First Admissions	150	87	237	240
Re-admissions	49	56	105	94
General Admissions	99	87	186	153
Voluntary Admissions	20	6	26	38
By Commitment	80	48	128	137
Retaken from Probation	0	1	1	2
Transfer from Selkirk	0	1	1	1
Total patients under care	212	159	371	369
Average daily population	-----	-----	31	33.19
Rated Capacity	-----	-----	32	32
Percent under capacity	-----	-----	-3.13	+3.72
Discharges: January 1st to December 31st, 1939....	197	143	340*	334
(* including deaths)				
As "recovered"	28	14	42	48
As "much improved"	14	20	34	26
As "improved"	46	45	91	84
As "Not insane"	3	3	6	11
As "unimproved"	94	61	155	165
Deportations	0	0	0	0
Transfers	82	53	135	150
To Selkirk	57	31	88	106
To Brandon	25	22	47	44
To Relatives	64	66	130	123
Relatives against advice	12	11	23	10
To Own control	12	6	18	36
To Police	3	0	3	1
To Winnipeg General Hospital	6	0	6	7
To Manitoba School	2	2	4	1
To Tuberculosis Clinic	0	1	1	0
To Convalescent Hospital or Nursing Home	4	3	7	2
To Unemployment Relief	0	1	1	0

	M.	F.	Total	Prev. Year
Elopements	0	0	0	0
Deaths	12	0	12	6
Percent deaths of total admission	---	---	3.59	1.8
Percent deaths of total under treatment.....	---	---	3.21	1.62
Percent discharged of number under treatment..... (bettered by hospital care)	---	---	46.6	45.8
Percent discharged of number admitted	---	---	50.6	50.6
(bettered by hospital care)				
Percent discharged as "recovered"	---	---	12.	14.37
Remaining in hospital December 31st, 1939	16	15	31	29

It will be noted that for purposes of comparison an extra column with corresponding figures for the previous year has been added to the above table.

ADMISSIONS

During the year just completed there was an increase of eight in the number of admissions. The increase was in male patients of whom ten more were admitted. The figure for female patients is two less than last year. This is by no means an indication of relative incidence. It is the outcome of a problem in accommodation as will be seen by reference to the item "Transfers". We were unable to promptly transfer female patients requiring further care and were, therefore, obliged to admit fewer. Our desire to keep patient population within the specified number was successful—a trifle too successful, since average population was one below the rated capacity. One finds oneself in an uncomfortable position in attempting to meet a requirement of this nature—should one as resolutely as possible see that the limit is not exceeded and thereby delay admission of patients requiring care, or should one strive to meet the need, and thereby exceed an appropriation? The answer would be different depending upon the viewpoint of whoever was trying to give it.

Once or twice during the year and for not more than a few hours at a time, the waiting list for male patients has disappeared. This has not happened in so far as female patients are concerned. There has been no time when there was not a considerable number of female patients awaiting admission. It seems possible that a change of sex incidence in regard to mental disease is taking place, i.e., relatively more females are requiring care, and since the planning of accommodation in Hospitals for Mental Diseases was otherwise, difficulties are increasing. The situation re transfer of female patients to Selkirk is as recorded last year, viz., that at all times a considerable proportion of our accommodation here, is, of necessity, taken up by patients whom we should transfer to Selkirk, but cannot.

The proportion of first admissions dropped very slightly, and the proportion of re-admissions rose. The difference is probably not significant. Perhaps with a relatively stationary population, it is what we might expect.

There was a further drop of approximately 4 percent in the number of cases admitted by magistrate's commitment. Last year the drop was 3 percent, and in the year before 4 percent—a total of 11 percent in three years which, though small, is in the right direction. It would be still further reduced if it were possible to promptly admit patients at the first intimation of disorder, instead of being obliged to delay admission till symptoms become threatening enough to warrant police interference.

The sudden appearance of patients at the hospital without previous intimation

of their coming, continues to cause difficulty. Such patients are frequently sent or brought in with information that their case is one of extreme urgency. Subsequent appraisal often puts this in question. There is no reluctance to accept even these, provided that in doing so we do not discommode and exasperate those who have been more patient.

DISCHARGES

Six more patients were discharged than in the previous year. The proportion considered "unimproved" was about the same as last year. The larger number of these were transferred to other mental institutions, quite a number discharged to "relatives against advice" and many of these had subsequently to be re-admitted. Almost 55 percent were discharged in approximately one month from date of admission. The proportion of those discharged as "Not Insane" was lower than in the previous year.

Fifteen fewer patients were transferred to Selkirk or Brandon than in the last year. Three more went to Brandon but eighteen fewer went to Selkirk for reasons already mentioned. The proportion of transfers has decreased for two successive years now.

The proportion recorded as "recovered" is lower than last year, and it in turn was lower than in the previous year. At first sight this might appear to be evidence of a deterioration in results of treatment. This is incorrect. The real explanation is a determination to be strictly conservative in appraising results of treatment. With newer types of therapy there is an ever present tendency to undue enthusiasm. This has been resisted. The actual proportion of those benefitting by treatment rose, as compared with last year. We feel that the term "recovered" should be used most cautiously in order that fallacious and unjustified, or, at least, premature conclusions may be avoided.

There were no deportations and no escapes.

DEATHS

Last year the death rate of 1.62 percent was recorded as the lowest in the history of the hospital. The rate for this year, viz., 3.21—practically double—is about the average over a period of years. All but three of the twelve deaths were definitely related to the state for which admission to hospital was arranged. One occurred within two hours of admission. The average age at death was 54 years, and the average duration of hospital residence between 16 and 17 days.

No suicides occurred.

CLASSIFICATION

68.65 percent of our patients came from urban communities, as against 67.76 percent in the previous year.

7.65 percent were twenty years of age or under.

27.94 percent were fifty years of age or over.

64.41 percent were between 20 and 50 years of age.

As for occupational classification, there is such a dispersion over a number of occupations, that no distinct trend is evident. The classification "Housewife" ac-

counted for the largest single group with "Laborer", "Unemployed", "Farmer", and "Domestic" next in order.

Forty percent were diagnosed as belonging in the "Schizophrenic" group. Since the criteria in this disorder are viewed differently in different hospitals, and among different groups of psychiatrists, it is recognized that elsewhere some, at least, of this group would be differently classified.

The proportion of cases in which syphilis was the causative agent, was approximately 3.5 percent, a comparatively low figure.

CLINICAL SERVICE

There were no changes in the general arrangement in this service. We continued the arrangement whereby internes from the Winnipeg General Hospital spent two months on this service. This gives them an opportunity for closer acquaintance with psychiatric problems, and at the same time provides us with useful assistance in routine work.

The out-patient department operating every morning, was exceedingly busy throughout the year taking the entire time of one physician for half a day. This withdraws this physician's time from the intramural work of the hospital, but the value of the service rendered to social agencies and many patients who would otherwise have to be hospitalized, compensates for this.

As in previous years, co-operation has been maintained with the Attorney-General's Department and Juvenile Court in the making of examinations of accused persons. The Assistant Director also represented the Psychiatric Division in the work of the Clinic for teaching problems maintained by the Faculty of Education.

Shock treatment has been continued in selected cases. As time goes on the actual value of this method is becoming more evident. The most one can say at present is that the earlier reports appear to have been somewhat coloured by enthusiasm, and were seemingly better than they actually were. However, results with this type of treatment are better than without it, and this justifies its continuance.

NURSING SERVICE

There were no changes in the supervising nursing staff. Sixty students from the Winnipeg General Hospital training school had periods of psychiatric training in this hospital.

SOCIAL SERVICE

Three hundred and fifty-five interviews, home visits and investigations were carried out by this department—60 more than in the previous year.

OCCUPATIONAL THERAPY

One hundred and eighty-eight patients attended classes in the Occupational Department. There was a notable fluctuation in the number attending at one time, depending, of course, on the class of patients then in hospital. There were times when an unusually large number of the patients were unable to go to the Department on account of their disturbed state.

A variety of small repair tasks were performed and a total of 65 articles completed.

EDUCATIONAL WORK

It is generally believed that one important function of hospitals other than the care of patients, is the educational preparation of those who are going to be, in large measure, responsible for the care of sick people in the future—viz., nurses and physicians. We have always felt that this was a real responsibility to the people of this community—one that could not be left to someone else, since there is no one else to whom it could be left. It is with regret that we have learned that some others are not in sympathy with this viewpoint. In spite of this lack of sympathy and understanding in some quarters, we have continued with this educational work. We have reason to believe that in the past it has yielded handsome returns, and we have no doubt that it will continue to do so.

On opportunity, and as time permitted, members of the staff have contributed to the education of the public in matters of mental hygiene, by means of addresses, radio talks, etc.

GENERAL

There are the usual repair and maintenance tasks in need of attention.

The most urgent need is for some official intimation that we are not bound to the limit of patient population now set at thirty-two. With no control whatever over the incidence of mental disease, and no control over the demands that are made for the services of the hospital, it is distressing in the last degree to be obliged to constantly refuse admission to patients in need of care. In many cases the difficulties of these patients are such that they must be cared for.

The work of the hospital has gone on continuously and under great difficulties, mostly of the kind just mentioned, but partly too, owing to difficulty in transferring patients requiring further hospital care. That few evidences of these difficulties have reached further, has been due solely to the faithful and untiring attempt of all members of the hospital staff to serve the people of this Province creditably and conscientiously.

To the Minister and yourself, I desire to express my gratitude for co-operation and understanding.

I have the honour to be, Sir,

Your obedient servant,

A. T. MATHERS, M.D.,

Director, Psychopathic Hospital.

Brandon Hospital for Mental Diseases

A. T. Mathers, M.D., F.R.C.P.,
Provincial Psychiatrist,
Winnipeg, Man.

Sir:

I have the honour to present the fiftieth annual report of the Brandon Hospital for Mental Diseases, being for the calendar year 1939.

On January 1st, 1939, there were 1,471 patients in residence and 69 on parole. At the conclusion of the year there were 1,468 in residence and 62 on parole, a decrease of ten showing on the register.

Total admissions numbered 266, including 18 returned from probation and one from elopement. First admissions 147, re-admissions 54, transfers 46. There were 28 more admissions from all sources than the year previous.

Age Incidence: There was a definite shift in age grouping of patients admitted. Whereas last year 70 percent were under fifty years of age, this year only 62.3 percent were in this grouping. The largest group were still in the three decades from 20 to 50 years. Fifty-nine were over sixty years, and 36 over seventy years of age.

Nativity: Canadian born 50.6 percent, from Great Britain and Ireland 21.07 percent, Poland 12.15 percent, U.S.A. 4.45 percent, Russia 4.05 percent. Other countries contributed insignificant numbers.

Diagnostic Classification: Of first admissions 33.34 percent were schizophrenia; 22.45 percent senile and arteriosclerotic; manic-depressive reactions 8.16 percent; involutional melancholia 4.08 percent; Psychosis with mental deficiency 4.08 percent; general paresis 4.08 percent; without psychosis 14.29 percent. The last figure is relatively large but a review of the individual cases constituting this class reveals gross behaviour disorder and social maladjustment justifying admission for observation and treatment.

The average daily number of patients in residence since 1929-30:

1929-30	1,155	
1930-31	1,177	increase 22
1931-32	1,186	" 9
1932-33	1,190	" 4
1933-34	1,220	" 30
1934-35	1,278	" 58
1935-36	1,313	" 35
1936-37	1,384	" 71
1937-	1,433	" 49 (8 months)
1938-	1,467	" 34
1939-	1,461	decrease 6

Separations: There were 257 separations, including 152 discharged, 98 deaths, 3 elopements, 3 transfers and 1 deport. Of the number discharged, 35.1 percent were

classed as "recovered"; 40.7 percent "improved"; 11.2 percent "unimproved"; 13.2 percent "not psychotic".

Deaths: The year showed a striking increase in death rate; 1938—3.4 percent, 1939—5.4 percent of patients treated. It has already been noted in this report that a large percentage of patients admitted were in the older age groups. Forty-seven, or almost 50 percent of all deaths occurred in the 70 years and over grouping, with 17 occurring in the 80 years and over period. It is also interesting to note that 39 deaths occurred within one year, in some instances within days and even hours, of admission. There were but 13 deaths in patients under 50 years of age. An additional cause is found in the fact that the favourable death rate during the past number of years has resulted in a definite shift in the resident population to the older age groups.

Unfortunately we are obliged to report two suicides by hanging. Both have been previously reported to you and investigated by the coroner.

Accidents: Accidents of a serious nature again showed a slight decline. There were five fractured femurs in elderly people due to falls; one fracture dislocation of the elbow, one fracture of the humerus, one fractured clavicle, all from falls. Two minor fractures occurred in epileptics and one male patient suffered a Pott's fracture in successfully stopping a runaway team of horses. In only one instance did death ensue and that some weeks following the incident and was virtually due to general decubitus.

General Health: Reference to the table of classification of causes of death shows that pulmonary disease including pneumonia and tuberculosis, headed the list, even outnumbering such conditions as senile dementia and cerebral arteriosclerosis. The increase in pneumonic deaths was due to a rather widespread epidemic of influenza during the spring of 1939. No other condition played any prominent role and the general health of the population has been good.

We are continuing to discover cases of incipient tuberculosis among pupil nurses. Efforts of segregation, special technique, routine and frequent X-Ray and Mantoux testing have not reduced the incidence. It is quite true that we are discovering lesions in the minimal stages and usually in girls who show little if any clinical symptoms, and as a rule these cases respond promptly to appropriate treatment. Nevertheless this disease constitutes a major problem causing great anxiety. Five new cases were discovered during the year. One is being cared for at the institution, two are at present in the Manitoba Sanatorium, at Ninette, while two others have returned to duty.

It is felt that more effort will have to be exerted to get our women patients off the wards into the open air despite the difficulty presented through fewer outlets for occupational work than exist for men patients. It is noticeable that tuberculosis appears less frequently among men patients and attendant staff than on the women's services.

By a rather strange coincidence five members of the staff, all men, developed acute appendicitis during the last half of the year. Three of these lived at home and two at the institution. Operation was necessitated in all, and findings fully justified the diagnosis and treatment.

Clinical and Medical Work: Considerable difficulty has been experienced in keeping our quota of medical staff. Doctor Stuart Schultz's leave of absence was

arranged for by agreement that his work would be undertaken by other members of the staff, and wherever possible by such an arrangement it is recommended that other senior officers should be given similar leave of absence for the purpose of post-graduate study. It was not anticipated that our staff would be further reduced by the transfer of Dr. Noel Rawson, our pathologist, to the Division of Statistics, or that Dr. Wm. Hall would find it advantageous to leave the staff for private practice. We obtained our quota during the summer months but since then Dr. Charles Baker and Dr. Gordon Stephens have resigned, the former to enter Army Medical Service, and the latter has accepted a Fellowship in Child Guidance at Maryland University, Baltimore. We are now so situated that one additional loss for any cause would seriously affect our work and it is feared we would be unable to carry on a programme of essential work.

Despite the situation which exists and threatens to become more critical at an early date, the medical staff have without exception given unstinting service as is borne out by the reports of work submitted and which are in part quoted below.

INSULIN SHOCK AND METRAZOL THERAPY

Last year a brief reference was made to these methods of treatment. Our experience has increased and can best be told by quoting from Dr. Brian Bird's report, as follows:

"These new methods were introduced here on October 14th, 1937, and I wish to present the statistics for the whole period from the beginning up until December 31st, 1939.

"In that time 215 patients were treated, and approximately half of these were treated during the year just past. This group was made up of the following types of cases:

Schizophrenia	81 Percent
Manic-Depressive	12 "
Others	7 "

"Our policy has been to use Insulin primarily for the treatment of schizophrenic patients and Metrazol for manic-depressive patients. Certain of those who did not recover following one type of therapy were then given the other:

185 patients received Insulin.
87 patients received Metrazol.

Our results have been fairly consistent:

Recovered	32 Percent
Much improved	22 "
Improved	13 "
Unimproved	33 "

"Of the 215 patients treated, 135 or 63 percent are now out of the hospital. This, we feel, is definitely in excess of results achieved previous to the introduction of these methods.

"Another prominent benefit brought about by the new therapy is the shortening in the length of time spent in the hospital by our patients. We recently investigated this matter, and compared the hospital time of patients discharged in 1934 with that

of 1939. We examined a group of 100 consecutive discharges in each of these years with the following results:

Average stay in hospital in 1934—11.89 months			
”	”	”	” 1939— 9.79 ”
			2.1 ”

“Thus we see that the hospital time has been cut by 2.1 months. During 1939, 151 patients were discharged. This means a saving of 318 months’ hospitalization, or to put it in another way, this saving represents the cost of maintaining 26 patients for an entire year.

“The main advantages we have achieved by including these two treatments in our routine are therefore these:

“1. Substantial increase in recovery rate with a consequent decrease in our hospital population.

“2. Decrease in hospital time for each discharged patient.

“There are other advantages, but these need not be discussed here.

“Those of us who are engaged in this work are quite convinced of its tremendous value. However, Insulin Shock therapy and Metrazol therapy both entail a great amount of work and responsibility. In spite of the increased demands which these treatments make upon us we hope we shall see our way clear to retain them.”

ADULT OUT-PATIENT CLINIC

This department of hospital service was overhauled during the year and placed under the direction of Dr. George Little, physician in charge of the Reception Hospital.

Doctor Little has in his report outlined the need for the reforms made and also presented the objectives sought. I am grateful for the interest taken, and the effect of this much needed change will, I am confident, become increasingly apparent:

“We had felt for some time that our facilities for adult out-patient examination were inadequate and poorly organized. Firstly, it seemed only logical that the examinations be under some unified control and that such control be in the hands of those most actively engaged in psychiatric practice. The matter was discussed at a conference of the medical staff in May, 1939, and it was there decided that an Adult Out-Patient Department be established, the reorganization and supervision of same to be the responsibility of the Reception Hospital physicians. A circular letter was sent on June 22, 1939, to the medical practitioners served by this hospital which informed them of the proposed changes.

“It was decided firstly that the keynote of our operations should be service to the patient and to his referring physician. In every single instance the patient and his referring physician must be made to realize that psychiatric consultations are well worth while. Concrete examples of the practical worth of psychiatry will do a great deal more than any amount of propaganda. Secondly, standardized methods of examination have been established ensuring a thorough, adequate examination of the patient. A complete mental examination is carried out in each case, along with

physical and laboratory examinations. Follow-up care and ultimate disposal of the case is also provided for. Thirdly, following examination a full report covering symptomatology, diagnosis, and suggested treatment is sent to the referring physician. Fourthly, the filing system has been completely reorganized and is now adequate and up to date in every respect. Fifthly, all patients are seen insofar as is possible at the Reception Hospital. This is in line with the policy of educating the public to look upon this institution as a hospital rather than as an asylum. It also means the saving of considerable time to the examining physician.

“During the period from January 1st to December 31st, 1939, 43 patients were examined. Of these, 31 were seen at the hospital, 5 at the Child Guidance Clinic, 3 at the Brandon General Hospital, 3 in homes and one in a down town physician's office. The total number of cases examined represents a very substantial increase over previous years. A comparative analysis shows us that in the previous decade the average number of patients examined per year was 20. In 1936 we saw 30 out-patients, in 1937, 15, and in 1938, 25. It should perhaps be emphasized that a complete and adequate psychiatric examination involves a relatively longer time than most other types of examinations. We would roughly estimate that on an average each individual patient seen during the past year has taken up two hours of the examining physician's time. This, of course, presents its own problems, and we sincerely hope that the circumstances of the future will permit the natural expansion which we believe will and should occur in this department. It would indeed be unfortunate if the present shortage of medical staff continued, since that would mean our losing another opportunity of practising preventive psychiatry to the fullest extent.”

CHILD GUIDANCE CLINIC

This work was again under the direction of Dr. Gerald Creasy, assisted by Dr. Gordon Stephens. Many demands for additional clinics were made, but keeping in mind the urgency of the intramural work the response had to be curtailed. Doctor Creasy reports as follows:—

“During this year there has been a reduction of the number of patients seen as the adults are now referred to the Brandon Hospital for Mental Diseases and only the children as dealt with.

“At the Brandon Clinic held in the Child Welfare Station, there were 23 clinics with 80 patients seen. This necessitated interviews with 71 guardians, and follow-up home visits made by Miss E. McPhail, R.N., amounted to 92. A considerable number of these visits were to epileptics who fortunately have been able to be cared for at home.

“For the second year in succession all the children in Grade One in Brandon were tested by the Binet Intelligence Test. Of 270 examined 16 percent had a mental age below 6 years, 66 percent fell between 6 years and 7 3/12, and 18 percent had a mental age above 7 3/12. Recommendations are being made to the Brandon School Board.

“In the out of town clinics, Dauphin was visited on three occasions, and Neepawa and Minnedosa on two occasions, making a total of 7 clinics at which 107 patients were interviewed and treatment suggested. These clinics necessitated 95 other interviews and 75 home visits.”

OCCUPATIONAL AND RECREATIONAL THERAPY

The financial statement of this department submitted by Dr. Stuart Schultz is

appended but this cannot picture in any sense the benefit derived by the patients through this form of activity.

Doctor Schultz was absent for six months of the year for post-graduate study and the work had to be carried by the clerical and teaching staffs.

“Class A.—The work in this class showed considerable improvement. Three large size work benches replaced the small miscellaneous tables which were formerly used. The men worked on wood work exclusively and this was found to be much more interesting to them. The cash sales increased from \$209.20 to \$262.20. Printing fell off from 180,000 to 140,000 sheets per year. This was due in part to the gradual deterioration of the patient employed.

“Class B.—During the past year the atmosphere and general character of this class has been maintained at a high therapeutic level. The cash sales increased from \$277.20 to \$412.60.

“Class C.—The work turned out was of good quality. Cash sales increased from \$317.09 to \$331.44. Institutional sales increased from \$157.92 to \$202.91.

“Class F.—This class has maintained a high standard of efficiency and 2,923 articles were produced. The personnel consisted of five deteriorated patients, and so this output was considered satisfactory. The class is now making strong dresses and camisoles for the hospital which has taken considerable work off Mr. Lockhart, enabling him to devote more of his time to the manufacture of furniture. Selkirk Hosiptal for Mental Diseases gave us a splendid order for overalls and smocks and this was greatly appreciated.

“Class G.—This class produced articles such as magazine stands, bookcases, desks, and high-chairs, besides numerous toys. Cash sales increased from \$946.40 to \$1,142.40.”

It has been decided to install a motor on the printing press and this it is hoped will speed up the work and also reduce the labor of operation.

Three additional machines would greatly facilitate the work and increase the output in Classes B. and F.

The question of boot making is still under discussion. Further study is necessary before any definite recommendation can be forwarded. It has been asserted that in addition to providing an additional occupational outlet, better shoes can be produced more economically than those now provided.

The following entertainments were enjoyed by the patients in addition to the regular weekly picture shows and fortnightly dances:

- Feb. 1, 1939—Workers' Entertainment.
- May 1, 1939—Brandon Male Voice Choir—John Davies.
- July 6, 1939—Virden Band Concert.
- Sept. 4, 1939—Winnipeg Salvation Army Band.
- Nov. 19, 1939—Dance Revue—Gladys Williams.
- Nov. 22, 1939—“Set to Music”—Albert Boychuk.
- Dec. 14, 1939—Schubert Choir—Stuart Schultz.
- Dec. 15, 1939—Schubert Choir—Stuart Schultz.

The annual field day and picnic was held with thorough enjoyment to all. About

500 patients participated. Several smaller picnics were organized to Clear Lake and approximately 400 patients attended the Brandon Exhibition and Grand Stand performance.

The usual number of patients participated in curling, skating, football and softball, and at present an attempt is being made to make skating more attractive to the women patients.

Religious services were held by the Protestant denominations in turn each Sunday afternoon. Special Masses were celebrated for those of the Roman Catholic faith as requested.

This work of occupation and recreation must hold to the fundamental principle that normal activity is necessary for the health of mind and body and that not the job accomplished but the attitude toward the task is the supreme and only matter of importance.

LABORATORY AND X-RAY DEPARTMENTS

The laboratory and X-Ray departments have been ably carried on by Miss R. McCulloch, M.T., assisted by two trained technicians.

The work accomplished is so important to the maintenance of hospital standards and service to the public that while a detailed list is not embodied in this report, it is thought advisable to append a copy for your perusal. You will note that a great deal of emphasis has been placed on the preventive aspects of medicine. The volume of work has increased and it is hoped if at all possible, provided the clinical staff can be maintained, that a pathologist may be appointed in the near future.

The following is a summary of work accomplished:

Blood counts	992
Blood chemistry	614
Wassermann tests	1,021
Kahn tests	957
Other tests on C.S.F.	453
Fluid examinations	91
Cultures	5,480
Sputum examined for T.B.	174
Gastric analyses	28
Blood matching and grouping	21
B.M.R.	16
Preparation of solution for intravenous use.....	134,589 c.c
Agglutination tests	476
Mantoux tests	661
Dick tests	111
Schick tests	61
Inoculations, preventive	760
X-Ray plates	1,962
Autopsies	23
Sections cut	748
Sections stained	512
Surgical sections cut	210
Surgical sections stained	149

DENTAL REPORT

Our dentist, Doctor Trotter, submitted the following report of work accomplished. Doctor Trotter recommends the replacement of our present dental unit on the grounds of decreasing operating costs and increasing efficiency by attention to more cases:

No. of patients examined	1,731	Dentures	40
Extractions	649	Denture repairs	17
Local anaesthetics	436	Denture readjustments	5
General anaesthetics	11	X-Ray plates	14
Scaled and polished	737	Bacteriological exams.	6
Gum treatments	45	Resistive patients	19
Fillings	107	Refused examination	1
No. of working days.....		107½	

The Surgical Department reports among other procedures the following activity:

Anaesthetics—general	45	Intravenous injections	309
local	73	Intramuscular injections	245
spinal	5	Lumbar punctures	69
Aspirations	4	Minor surgery	24
Casts (Plaster of Paris)	17	Major surgery	13
Cystoscopic examinations	2	Pneumothorax	228
Dressings	132	Pelvic examinations	12
Gynaecological treatments	38	Trays to wards	143
Intravenous infusions	58	Typhoid vaccine	696

TRAINING SCHOOL

There are 65 nurses in training at present, 4 post-graduate, 18 in the third year, 20 in second year, 20 in first year, and 3 probationers, with two vacancies.

Male apprentice attendants at present number 16 in third year, 12 in second year and 5 in first year.

During 1939 eleven nurses received the diploma in mental nursing and ten men students the certificate in mental nursing.

VENEREAL DISEASE CLINIC

Once each week all recent inmates of the Provincial Gaol, Brandon, are examined for Neisserian infection and routine blood Wassermann tests are done. Immediate treatment is instituted and where necessary custodial care is prolonged on the authority of the Honourable the Minister of Health and Public Welfare. This extension is only used in cases of transients who have no means of subsistence and who are still in an infectious state at the expiration of their sentence. To date the work has not been unduly heavy and has been carried on by one of the junior physicians, and latterly by the undersigned.

CONSTRUCTION, ALTERATIONS AND REPAIRS

The mechanical staff has effected many improvements and the buildings generally have never been in such a fine state of repair.

We are grateful for the interest taken by the Public Works Department.

All slate roofs were repaired. The floors of three dining rooms in the Main Building were relayed with fine quality terrazzo and it is hoped that each year may see some work of this nature undertaken to improve the appearance and sanitation of the remaining dining rooms and some of the day rooms.

The comfort of all wards in the Main Building was greatly increased by caulking spaces between the window frames and brickwork where mortar had fallen away.

Insulation of the cottages was completed and the farm manager's cottage repainted. The remaining cottages require similar decoration.

One of the most gratifying as well as urgently needed projects completed was the inspection and overhauling of all fire equipment. Twenty-five additional extinguishers were added at strategic points and hose renewed and extended where necessary. Fire regulations and instructions have been revised and are being printed for distribution to all members of the staff.

Two fires of major proportions occurred, one partially destroying the hay loft of the horse barn and the second completely destroying the upper structure including cattle stalls and hay loft in No. 3 barn. Both buildings were covered by insurance and have been reconstructed. The cause of these fires is still a matter for conjecture. Steps have been taken to secure the doors of all buildings when not occupied by staff authorized to work therein, and by the appointment of a night watchman.

FARM

The farm manager's report is attached.

Mr. Crawford reports satisfactory progress, with a total revenue of \$21,784.66 and operating expenditure of \$19,436.00. The operating surplus was \$2,348.66. The increase in operating expenses was due to salary increases and purchase of farm machinery.

GENERAL EXPENDITURES

The Bursar's report gives a detailed account of expenditures for the last fiscal year ending April 30th, 1939. The per capita per diem cost was 81.94 cents as compared with 80.41 cents for the previous year. These figures do not include expenditures for farm operation or revenues therefrom. The revenues from the farm were \$3,434.72 in excess of total expenditures. Practically all the farm revenues are derived by sale of products to the hospital and are therefore accounted for in the per capita figures cited above.

May I again express my appreciation of your valued counsel, and in extending my thanks to the Honourable the Minister of Health and Public Welfare and to his Deputy, Doctor Jackson. I wish them to be assured that any recommendations made in this report are motivated entirely through anxiety for the welfare of the institution and do not in any sense indicate a lack of appreciation of their efforts or the difficulties to be encountered in meeting our repeated requests.

In conclusion I commend to you all members of the staff who by their efficiency and devotion merit our loyalty.

I have the honour to be, Sir,

Your obedient servant,

T. A. PINCOCK, M.D.,

Medical Superintendent.

THE MOVEMENT OF PATIENTS

From January 1st, 1939 to December 31st, 1939

	Male	Female	Total
Remaining under treatment at December 31, 1938.....	796	675	1,471
On Parole or otherwise absent	40	29	69
	<hr/>	<hr/>	<hr/>
Total	836	704	1,540
First Admissions:			
	Male	Female	Total
General admissions	41	31	72
Voluntary admissions	4	5	9
Other sources	39	27	66
Re-admissions:			
General admissions	11	12	23
Voluntary admissions	9	1	10
Other sources	10	11	21
(From probation, 7 males, 11 females)			
(From elopement, 1 male, 0 females)			
Transferred:			
From Psychopathic Hosp., Winnipeg....	24	22	46
	<hr/>	<hr/>	<hr/>
	138	109	247
	<hr/>	<hr/>	<hr/>
Total Number Treated	974	813	1,787
Discharged:			
As recovered	30	23	53
As much improved	15	8	23
As improved	21	18	39
As unimproved	7	10	17
As not psychotic	12	8	20
	<hr/>	<hr/>	<hr/>
Transferred:	85	67	152
	<hr/>	<hr/>	<hr/>
To Manitoba School, Portage la Prairie	0	3	3
	<hr/>	<hr/>	<hr/>
Deported:			
To United States	0	1	1
	<hr/>	<hr/>	<hr/>
Eloped	3	0	3
Died	52	46	98
	<hr/>	<hr/>	<hr/>
Total number Discharged, Transferred, Deported, Eloped and Died during the year	140	117	257
	<hr/>	<hr/>	<hr/>
Remaining under Treatment, December 31, 1939.....	804	664	1,468
On Parole or otherwise Absent	30	32	62
	<hr/>	<hr/>	<hr/>
Total	834	696	1,530

BURSAR'S REPORT

Dr. T. A. Pincock,
Medical Superintendent,
Hospital for Mental Diseases,
Brandon, Manitoba.

Sir:—

I submit herewith Bursar's Annual Report for the fiscal year 1938-39.

Total combined expenditures for the three appropriations amount to \$455,964.18, which is \$11,832.18 in excess of the amount voted. While over expenditures are regrettable, it is interesting to note that \$22,852.58 more was paid in salaries than a year ago, which were not provided for.

The daily average patient population was 1,466, an increase of 22, and the per capita cost was 81.94, as against 80.41 last year. This does not include Farm.

Dealing separately with the three services:—

ADMINISTRATION AND SUBSISTENCE

The amount voted was \$338,321.11, and expenditures were \$353,263.56, leaving a deficit of \$14,942.45. The sum of \$164,663.61 was appropriated for salaries, but \$179,570.66 was paid for this purpose, being an over expenditure of \$14,907.05. As this was not provided for in the amount voted, the gross deficit is practically wiped out in this one item. We spent on food \$109,560.90, being \$3,426.60 less than the amount assigned for this purpose. For clothing we spent \$17,040.50, being \$2,629.50 below the amount voted. Expenses cost \$47,091.50, which is \$6,091.50 more than the sum appropriated. Had it not been for salary increases, for which no provision was made, expenditures would have been well within our estimates.

FARM

Appropriation \$16,106.51, and expenditures \$17,513.47, showing a deficit of \$1,406.96, but here again salaries account for \$1,240.21 more than the amount voted. Revenues were \$20,948.19, or \$3,434.72 in excess of total expenditures.

OPERATION AND MAINTENANCE

Appropriation \$89,704.38, and expenditures \$85,187.15, showing a surplus of \$4,517.23. Salaries were \$1,291.76 more than voted, but fuel costs were \$4,845.88 less, also expenses were \$1,063.11 lower than estimated.

Departmental activities are as follows:—

STORES

Total Stocks at the close of the year were:

8-6A. ADMINISTRATION AND SUBSISTENCE

Groceries	\$2,254.84	
Dry Goods	863.72	
Cleaning Supplies	270.45	
Crockery	877.08	
Clothing, Men's	5,390.20	
Clothing, Women's	3,736.99	
Miscellaneous	1,037.90	
	—————	\$14,431.18

8-6B.

FARM

Livestock	\$15,160.00	
Grain and Roots	1,304.79	
Equipment	4,548.00	
		21,012.79

XI-22

OPERATION AND MAINTENANCE

Engineering	\$3,950.13	
Steamfitting	2,216.44	
Electrician	739.51	
Carpenter	249.94	
Plumber	1,925.67	
Painter	335.55	
		9,415.24
		<u>\$44,859.21</u>

These are about 15% lower than a year ago.

We again call attention to the numerous defects in regard to accommodation in this Department. The building is so small as to necessitate the housing of various bulky commodities in makeshift sheds, cellars, etc., scattered around the premises. The most disturbing point emerging from this condition is that the goods so exposed to deterioration, fire, and other hazards, constitute some of our most costly supplies. For example each three months we take into stock about 250 sacks of sugar, which has to be carried down a treacherous flight of stairs, stocked in damp quarters in a cellar, it must then be carried back up these stairs to the store, to be issued as required, meanwhile it has been subjected to vermin, dampness and vegetable odors, etc. Likewise dried fruits, comprising hundreds of packages are subjected to the same treatment. Flour, oats, rice, beans, and similar bagged goods, are stored in a small frame building about one-quarter large enough. Tea, coffee, salt, etc., are kept in a small lean-to of similar capacity. Goods requiring heated storage are scattered in various places where heat may be available. Turpentine, barreled soap, etc., have no shelter whatever, and are kept outside the back of the store for lack of inside space. Despite these various auxiliary storage spaces, the store room proper is overcrowded tremendously.

Insufficient floor space makes it necessary to pile stocks to dangerous heights, and the mixing of various commodities is inevitable. Incoming shipments have to be unpacked and checked in the confines of a narrow entrance, or out in the open air. Such conditions do not make for efficient storekeeping, yet in spite of such handicaps, stocks and records are reasonably well kept.

LAUNDRY

The amount of work handled by this department still increases; over 43,000 more pieces were cared for than in the previous year. The year 1921 was the first in which we kept records of this department. During that year 470,130 pieces were serviced, as against 1,376,297 last year, an increase of 293 percent. In 1921 supplies cost \$2,627.82, as against \$5,719.27 last year, an increase of 46 percent. Salaries in 1921 were \$2,435.00, while last year these amounted to \$4,692.00, an increase of 52 percent. During these years the staff has been increased by two laundresses. It

will thus be noted that the work has increased out of all proportions to other expansions, with the result that machines are overloaded, that work has to be rushed and crowded through, in order that the daily schedule may operate. It must be remembered that in this department each day has its own allotment, which must be completed without fail, nothing can be carried over, otherwise the weekly rotation could not function. As we have previously said, several new pieces of equipment are sorely needed, the most urgent being a small washer, then a pair of presses, and a water softener. We realize of course that the present financial situation prohibits such expenditures, and we hope that we may be able to carry on without serious ill results until provision can be made to have these things remedied.

MATTRESS AND FURNITURE SHOP

This department is functioning just as efficiently as ever. Repair work of all kinds is being successfully dealt with. The new furniture benches made here have added greatly to the appearance of the wards in which they are placed; it is hoped that this work may be continued, and so eventually improve the equipment and appearance of the entire Hospital. This furniture and cabinet work is a credit to the department. The chief drawback at the present is a lack of heating facilities in the winter time. The workshop is heated by a stove, not having sufficient capacity for the area to be served; furthermore it cannot be kept in overnight, with the result that in cold weather everything is frozen solid each morning, and considerable time is lost before tools can be handled, or the temperature made suitable for work at the benches. Here again we realize the impossibility of rectifying the situation, (which should be a new building), under present financial conditions. During the year the following work was completed:—

NEW GOODS MADE

17 Oak Benches	8 Stools	54 Pairs Canvas Boots
14 Spruce Benches	3 Cutlery Boxes	107 Pillows
4 Filing Cabinets	6 Meat Boards	67 Blinds
15 Bedside Tables	2 Ironing Boards	24 Aprons
7 Cupboards	14 Paddles	12 Restraining Straps
17 Tables	372 Hair Mattresses	24 Canvas Bibs
1 Kitchen Cabinet	162 Floor Mattresses	17 Awnings
1 Book Case	78 Straw Mattresses	4 Shaver Curtains

REPAIRED

431 Chairs	23 Dressers	102 Polishing Blocks
137 Couches	17 Drawers	Etc., Etc.
43 Benches		

KITCHENS

These have been operated smoothly throughout the year. An average of more than 5,000 meals are served daily. In addition to cooking the regular meals, there was made 1,200 gallons of Pickles, and about 4,000 quarts of Preserves, Jams, and Jellies. Orange and lemon peels were converted into 248 quarts of Marmalade, which were greatly appreciated by all.

A considerable saving is effected in the main kitchen by skimming the fat from the meat boilers, which is used for pastry and cakes, and distributed to the small kitchens for the same purpose, the remainder is used for making soap for ordinary scrubbing and kitchen use.

We appreciate the ready response which is always given when fluctuating supplies, particularly vegetables, compel us to suggest economies. The doughnut machine installed, (on loan), during the year, has made possible many appetizing lunches for patients, dances, suppers, etc.

PASTEURIZER

During the year a total of 1,027,512 lbs. of milk was received. Of this amount 738,210 lbs. were from our own Farm, the balance 289,302 lbs. being purchased from Mr. Morgan, Chater. All of this went through the process of pasteurization. Our daily requirements are about 2,850 lbs., but as the capacity of the pasteurizer is only 2,500 lbs., the milk is put through in two lots. Up to date methods are employed, and thorough sterilization of all equipment and containers is routine duty. This is done under steam pressure, and flushing with H.T.H. solution. From the months of May to December, it is found necessary to use ice in the cooling system, about 125 lbs. daily being required. During the year laboratory tests were made on 104 samples of pasteurized milk, 104 samples of raw milk, and 52 samples of cream. Daily requirements of cream amount to 35 lbs., which means that 350 lbs. of milk has to be separated. All the equipment is in good order, with the exception of the pasteurizer vat, the outer shell of which has developed a bad leak.

GENERAL

The general outside work was carried on according to seasonal requirements, and on account of the new farm, was a little more extensive.

The grounds, lawns, hedges, flower beds, etc., received the same careful attention, and as is traditional were one of the show places of the district.

I congratulate you on your constant endeavours to maintain efficiency and goodwill throughout the Institution, and pledge my loyal and earnest support.

Most sincerely yours,

GEO. A. FITTON,

Bursar.

FARM

Dr. T. A. Pincock,
Medical Superintendent,
Hospital for Mental Diseases,
Brandon, Manitoba.

Sir:

I have the honour to submit the annual report of the farm, grounds and gardens at this institution for the year ending December 31st, 1939.

The farm has made reasonable progress during the past year. From a management standpoint it has not been as uniformly satisfactory in all departments as the previous year. The total revenue amounted to \$21,784.66, an increase of \$280.36. The revenue from the cattle department was increased \$2,485.49, and the inventory value increase was \$1,770.00. The value of garden produce to the institution was

decreased by \$237.42. The potato crop of 1938 amounted to only 4,000 bushels, hence the revenue from potatoes was reduced by \$1,073.33 over the previous year. The hog department is now operating on a more satisfactory basis. The inventory of hogs shows an increase of eighty-two hogs over the previous year. Operating expenses of the farm have been increased by \$2,639.29. This is due to the higher salaries to farm employees and the purchase of a Diesel Tractor. The cost of this tractor was partly balanced by an increase of the "Machinery Inventory" of \$1,230.00.

FIELD CROPS

The germination and growth of field crops was slightly above normal during the early growing season. Cool weather coupled with light rains produced a rapid growth. The latter part of the crop season was hot and dry. This caused premature ripening with reduced kernel size and plumpness, resulting in lower grades. This was particularly true of the barley crop.

The total seeded to cereals was 419 acres, of this 48 acres were cut for hay, 10 acres used as a soiling crop and the remainder threshed.

Cereal Yields:

Farm No. 1.—Wheat—64 acres	1,036	bushels
Barley—74 acres	2,305	"
Rye —12 acres	124	"
	—————	3,465 bushels
Farm No. 2.—(Purchased 1937)		
Wheat—118 acres	2,830	"
Oats — 83 acres	3,120	"
	—————	5,950 "
Total grain No. 1 and No. 2 farms.....	9,415	"

HAY CROPS

The alfalfa and sweet clover fields yielded one cutting of good quality hay. There was insufficient moisture to produce a uniform second cut of alfalfa. Small blocks were cut and the crop used for soiling purposes.

Fall rye, which usually yields one to two cuttings of fair quality hay on the light sandy soil, was a complete failure owing to low germination of the 1938 fall seeding.

Mixed cereals sown for hay yielded an average return.

Yields—44 acres alfalfa	66	tons
27 acres sweet clover	48	tons
48 acres mixed cereals	60	tons
40 acres millet, brome, etc.	26	tons
Total	200	tons

ROW CROPS

Corn.—The early growing season was unsuited for the maximum germination of

corn. During mid-summer soil and weather conditions improved somewhat but the yield was below average. Sorghum sown first week of June returned an average yield. Forty-eight acres of corn and 18 acres of sorghum yielded 150 tons of ensilage.

GROUND
S

The regular routine work in the care of the grounds was carried on. In addition the area east of the Reception Unit was prepared for planting to shrubs in the spring of 1940. The grounds north of the Women's Pavilion were planted with elms, spruce and some shrubs. Approximately 200 current and gooseberry bushes, of various varieties, and about 60 crab-apple and plum trees were planted in the new fruit garden. The planting of this garden is practically complete and growth has been normal.

Some provision should be made to irrigate this area if the seasons continue to be dry. It will also be necessary to enclose this garden with a rabbit proof fence next summer.

VEGETABLE GARDEN

The yields of the staple vegetables were heavy, with the exception of cabbage which did not head solidly, hence is light in weight. The returns from seasonal vegetables, particularly peas, beans and cauliflowers were greatly reduced. The total revenue from the vegetable garden, exclusive of potatoes, was \$1,788.35. This amount is less than the salary of the gardener and his assistant. A great deal of the gardener's time is spent producing pot plants and bunches of flowers for the wards and bedding plants for the beautification of the grounds. This work is essential for the pleasure derived therefrom by the patients, but it is an expensive project for the farm as there is no revenue from this source.

Your attention is also drawn to the fact that the price of the vegetables charged to the institution is considerably below the wholesale market price.

The potato crop was below average due to insufficient moisture in August. The yield was 6,200 bushels, an increase of 2,200 bushels over the previous year.

LIVE STOCK

Dairy Cattle.—The herd of Holstein cattle continued to improve in type and milk production. The herd increased to 225 head, and milk production increased by approximately 17 per cent.

Inventory:

December 31st, 1938				December 31st, 1939			
Bulls	4	value \$	750.00	Bulls	4	value \$	750.00
Cows	98	"	5,390.00	Cows	118	"	7,080.00
Heifers	54	"	2,160.00	Heifers	58	"	2,320.00
Heifer Calves	47	"	940.00	Heifer Calves	43	"	860.00
Bull Calves	3	"	100.00	Bull Calves	2	"	100.00
<hr/>				<hr/>			
	206 head	"	\$9,340.00		225 head	"	\$11,110.00

Inventory increase — 19 head.	
Inventory value—1939	\$11,110.00
1938	9,340.00
	<hr/>
Increase	\$ 1,770.00
	<hr/>
Replacements—one bull	\$125.00
Milk to Institution —810,156 lbs. @ .0175c.....	\$14,177.69
Milk to Calves — 67,600	
Milk to Pigs — 3,700	
	<hr/>
Total Milk Produced—881,456 lbs.	
Beef and Veal to Institution	721.33
Sale of Animals and Hides	553.76
	<hr/>
Total Revenue	\$15,453.78
Increase in Revenue	\$2,485.49
Increase in Inventory value	1,770.00

Hogs.—The production of hogs was undertaken on an increased basis. The total hogs on hand at the close of 1939 was 240, an increase of 82 over the previous year, and plans are underway for a further increase in 1940.

Pork used in the Institution was 29,024 pounds.

The Inventory Value of Hogs—240 head—\$3,022.00.

BUILDINGS

The farm buildings are in good repair. The painting of No. 2 Cattle Barn and the Granary should be undertaken next summer. The Greenhouse is rapidly depreciating and extensive repairs must necessarily be made at an early date. This house is too small for present requirements.

MACHINERY

The farm machinery is in reasonably good repair. The Milking Machine was repaired and continues to operate. However, it is an old machine and with increased milk production may be expected to cause trouble. A modern reliable milking machine should be installed as soon as conditions warrant.

The new Diesel Tractor delivered in May is reducing operating costs. A saving of about \$250.00 was affected in fuel and oil costs for 1939.

Inventory value of machinery as at December 31st, 1939—\$5,559.00.

IMPROVEMENTS

A great deal of work was done on Farm No. 2, preparing the fields for cereal crop production. Eighty acres were summer-fallowed and the balance of all cultivated land on the half section seeded to crop. On Farm No. 1, the fences on the main highway were torn down and rebuilt. Other farm fences were repaired.

STAFF

There have been no major staff changes. The staff have all worked faithfully and well throughout the year, and it has been a pleasure to work with them.

FARM REVENUE—1939.

Total Receipts from Produce sold to Institution	\$20,558.67
" Cash Sales	1,225.99
Total	21,784.66
" Operating Expenses	19,436.00
Operating Surplus	\$ 2,348.66

INVENTORY VALUES—1939

Horses	25	\$ 1,750.00
Cattle	225	11,110.00
Hogs	240	3,022.00
Machinery		5,559.00
		<u>\$21,441.00</u>

Grain and Farm Produce—

Barley	1,382 bus. @ .42	\$ 480.44
Oats	2,344 bus. @ .24	572.56
Wheat	560 bus. @ .54	302.40
Hay	130 ton @ 6.00	780.00
Potatoes	4,650 bus. @ .40	1,860.00
Vegetables (total of all)		329.10
Ensilage	100 ton @ 3.50	350.00
		<u>\$ 4,674.50</u>

VEGETABLE CROP—1939.

Summer use—

Asparagus	141 lbs.	Onions (green)	1,022 lbs.
Beans	684 "	Onions	2,110 "
Beets	7,888 "	Peas	2,320. "
Cabbage	15,591 "	Peppers	1,019 "
Carrots	12,290 "	Potatoes	29,200 "
Cucumbers	6,405 "	Pumpkin	36 "
Celery	3,172 "	Radish	128 bunches
Currants	1,010 "	Raspberries	30 baskets
Corn	5,213 cobs	Rhubarb	28,774 lbs.
Egg Plant	276 lbs.	Spinach	8,055 "
Lettuce	12,072 "	Squash	2,098 "
		Tomatoes	12,364 "
Storage—			
Beets	17,450 lbs.	Parsnips	16,900 lbs.
Cabbage	27,050 "	Potatoes	6,200 bus.
Carrots	34,145 "	Pumpkin	2,070 lbs.
Onions	14,750 "	Turnips	14,175 "

Respectfully submitted,

J. E. CRAWFORD,

Farms Manager.

Selkirk Hospital for Mental Diseases

Dr. A. T. Mathers,
Provincial Psychiatrist,
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Selkirk Hospital for Mental Diseases for the year ending December 31st, 1939.

Subjoined to the report are the Statistical Tables, a summary of which is as follows:

MOVEMENT OF POPULATION

The year began with 500 men and 334 women in residence and 18 men and 20 women on probation, the totals on the register being 518 men and 354 women. At the end of the year 501 men and 341 women were in residence and 26 men and 15 women on probation, a register total of 527 men and 356 women,—and increase of 11 over the previous year's close. The total number under treatment during the year was 587 men and 398 women,—985, as against 1,016 for 1938. The lowest number in residence was 832, the highest number 848. The daily average for the year (excluding probations) was 840.19, an increase of .13 over the figure for 1938.

Admissions—

Admissions totalled 113,—69 men and 44 women. Of these, 52 men and 24 women,—76—were **First Admissions**, the remaining 17 men and 20 women,—37—being **Re-admissions**.

Nativity of Admissions:

Canada	52.22	Percent.
United States	3.52	"
Great Britain and Ireland	11.51	"
Europe, China, Syria	32.75	"

Psychoses of First Admissions—A summary shows that 39 (51.4 percent.) were classified as Schizophrenia; 9 (11.9 percent.) as Manic Depressive; 15 (19.6 percent.) as having an organic origin, and the remainder, 13 (17.1 percent.) distributed among the other functional psychoses on smaller percentages.

Racial Distribution—(First Admissions)—

Slavonic	30.3%	German	6.6%
English	17. %	Scotch	5.3%
French	11.9%	Hebrew	5.3%
Irish	7.8%	All others	15.8%

(Percentages are approximate.)

Age Distribution—(First Admissions)—

Under 15 years	None	45 - 49 years	8
15 - 19 years	6	50 - 54 "	9
20 - 24 "	6	55 - 59 "	4
25 - 29 "	13	60 - 64 "	2
30 - 34 "	3	65 - 69 "	4
35 - 39 "	10	Over 70 years	6
40 - 44 "	5		

Educational Status—(First Admissions)—Illiterate 5; Read and Write 7; Common School 40; High School 23; College 1.

Environment—(First Admissions)—Urban 41; Rural 35.

Economic Condition—(First Admissions)—Dependent 4; Marginal 61; Comfortable 11.

Marital Condition—(First Admissions)—Single 37; Married 36; Widowed 3.

Re-admissions—Seventeen men and 20 women had had prior admissions to a hospital for mental diseases. Of these, 13 (35.1 percent.) were classified as Manic Depressive Psychosis and 14 (37.9 percent.) as Schizophrenia.

Discharges—During the year 60 patients were discharged,—32 men and 28 women,—the condition on discharge being as follows:—

Recovered	27	Unimproved	3
Much Improved	8	Not Insane	2
Improved	20		

Transfers, Elopements, Deportations.—One female patient was tranferred to the Psychopathic Hospital for special surgical treatment. There were no elopements and no deportations.

Deaths.—Twenty-eight men and 13 women died during the year, the mortality rate being 4.16 percent, based on the total number under treatment,—as compared with the unusually high rate of 7.08 percent in 1938.

Respiratory diseases caused 16 deaths, 39 percent (9.6 percent less than in 1938). Pulmonary Tuberculosis accounted for 10 of these, (62.5 percent) or 24.4 percent of the total deaths. This is a decrease of 7.6 percent compared with 1938.

It is worthy of note that 60 percent of these deaths from Pulmonary Tuberculosis occurred in deteriorated Schizophrenics of long standing and with an average hospital residence of over ten years. Of the remaining four, two were Schizophrenics, one Manic Depressive, and one Epileptic, the hospital residence averaging 4½ years.

Cardio Vascular deaths numbered 9 (22 percent).

HEALTH OF POPULATION

The health of patients and staff has, on the whole, been good.

Our efforts are unremitting in limiting and controlling tuberculosis,—this disease presenting our greatest problem. Routine X-ray plating of chests of patients and

staff has materially helped in the detection of incipient and suspect cases, permitting early segregation and treatment. The application of the measures necessary to control of the disease is possible only within the limits of our facilities for segregation and care, which, as is well known, are wholly inadequate and will so continue until the general overcrowding is relieved and appropriate space provided for the care of patients suffering from this disease. The Nursing Staff, male and female, are carefully instructed in the technique of the care of infected patients, that their own health may be preserved. Despite all precautions cases are still found among staff members. Prompt sanatorium care is arranged for.

In October there appeared a mild epidemic of Neuronitis, the origin of which we have been unable to trace. The degree of disability has varied within wide limits from very mild to severe. To date only two cases have been found among patients, both of whom presented only mild symptoms and made rapid and uneventful recoveries. Doubtless there have been and likely still are additional cases among the patient population but owing to the mental state of the patients, and in all probability a mild form of the disease, they have been undetected.

Staff sufferers from the disorder have thus far numbered nineteen, distributed as follows:—

One physician with mild symptoms and not disabling; two male attendants similarly affected; one domestic, incapacitated for a month but now fully recovered; fifteen nurses, nine mild, four moderately severe and two severe. All have done well except one of the severe cases, and she yet remains wholly incapacitated and under care. Of the total number only seven required bed care, all the others remaining on duty owing to the mildness of the symptoms.

ACCIDENTS, SUICIDES, Etc.

No suicides occurred during the year.

Female Patient No. 5723, an epileptic, subject to occasional severe convulsive attacks, on September 23rd, while being given a tub bath by a Nurse, suffered an especially violent seizure. The Nurse did everything possible to control the attack and keep the patient's head above water, but the violence of the convulsive movements were such as to make this impossible, with the result that the patient suffered death from drowning. The Coroner investigated the circumstances and decided that the death was accidental and that there was no negligence on the part of the Nurse.

Male Patient No. 4060 had for many years assisted the Hospital Steamfitter in repair work. On August 8th, while temporarily alone in the water plant, where he was about to begin work, he fell unconscious on the cement floor, evidently striking his head. He died 40 minutes later and a post mortem examination, ordered by the Coroner, revealed fracture of the base of the skull and cerebral hemorrhage.

Male Patient No. 5860, aged 71, while engaged in a friendly scuffle with three or four fellow patients, slipped and fell to the floor, suffering a fracture of the neck of the left femur. This occurred on August 28th. On September 5th he developed a lobar pneumonia, to which he succumbed on September 8th. No doubt the injury was a contributing factor, as was also a generalized arteriosclerosis from which he suffered.

Female Patient No. 3603 suffered a fracture of the right hip due to a fall on the floor while engaged in an altercation and struggle with a fellow patient. At the date

of this report she is making very good progress and a satisfactory result is anticipated.

MEDICAL WORK

The routine medical work of the Hospital has been carried on satisfactorily.

Insulin, Metrazol, and combined Insulin and Metrazol Shock Therapy has been the chief field of endeavor. During the year 65 cases were treated, of which number 15 still continue on treatment at the year end. Of the 50 whose treatment has been completed 42 have been probated, 4 are practically ready for probation, 5 are "Unimproved" and continue under care.

No detailed analysis of the cases above referred to has been made, nor is it the intention to do so until the number has reached 100,—the same number as were analytically reported last year. It is sufficient at this time to say that the results obtained continued to be distinctly encouraging and it is the opinion that this form of therapy should be prosecuted vigorously, not alone in cases of Schizophrenia but in other forms of mental disorder.

DENTAL SERVICE

The Dentist reports the following work done during the year:

Patients examined	1,265	Gum treatments	25
Extractions	365	Local anaesthetics	325
Fillings	104	General anaesthetics	1
Scaling and polishing	716	Resistive patients	13
Dentures	17	Refused examination	9
Denture repairs	5		

X-RAY WORK

The X-ray Technician submits the following summary of the work done by the Portable X-ray Unit at the Hospital for Mental Diseases, Selkirk, during the year 1939:

Three visits were made during the year, in April, August and November of 1939.

Type of Radiographic Examination Made	Staff	Patient	Total
Routine Chests	214	382	596
Spine	----	48	48
Pelvis	----	3	3
Extremities	5	6	11
Dental	4	----	4
	223	439	662

LABORATORY

The Technician gives the following estimation of work done during the year:

R.B. count	358
Hemoglobin	358

Color Index	358
W.B. count	409
Differential	409
Bleeding time	2
Coag. time	2
Blood platelet count	2
Reticulocyte count	2
C.S.F. Globulin	19
C.S.F. count	19
C.S.F. color mastic	4
C.S.F. sugar	2
Blood Sedimentation	682
Icterus Index	11
Blood Sugar	14
Blood Chlorides	6
Blood Creatinnine	2
Blood Urea Nitrogen	7
Gastric Analyses	2
Auto vaccines prepared	1
N/saline 25 percent glucose prep.	57,000 cc's.
N/saline prep.	26,000 cc's.
Metrazol prep.	7,000 cc's.
Sputums	60
Throat smears and cultures	40
Blood cultures	4
Vaginal and cervical smears	22
Miscellaneous smears and cultures	63
Urinalysis: Reactions	266
Sp. Grav.	266
Albumin	266
Sugar	266
Acetone	3
Bile	5
Microscopic	266
Autopsies:	9
Tissue sections embedded	91
Tissue sections stained	108
Surgicals:	2
Tissue sections embedded	2
Tissue sections stained	6
Teeth: Blocks embedded	68
Sections stained	524

The Provincial Laboratory has continued to do all Wassermann Tests for us. The results were as follows:

Blood Wassermann:	Negative.....	127
	Positive	1
	Doubtful	1
	Total	129
Cerebro Spinal Wassermann:	Negative.....	7
	Positive	1
	Total	8

INOCULATIONS

The following inoculations have been carried out during the year:

Staff: Typhoid Vaccine	127
Schick Test	169
Diphtheria Toxoid	21
Small Pox Vaccine	35
Patients: Typhoid Vaccine	65
Schick Tests	64
Diphtheria Toxoid	27
Small Pox Vaccine	66

SCHOOL OF NURSING

The Pupil Nurse Staff at this date is made up of First Year 16, Second Year 13, Third Year 8. As an integral part of the Nursing Service there are 8 Nurse Attendants, whose instruction course is confined to the essentials of Mental Nursing and their placement on the wards of the Hospital limited to those assigned to the continued treatment groups of patients.

There was begun, in October, a course of lectures to Junior Male Attendants. The course is spread over a three year period, the successful completion of which entitles the Attendant to a Certificate in Mental Nursing. An important part of this course is the First Aid training of the St. John's Ambulance Association.

The Graduation Exercises of the Training School for Nurses were held at the Hospital on June 8th, 1939. The chair was occupied by Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare. The address to the Graduation Class was given by Dr. D. S. Mackay, of Winnipeg.

The Graduates were:

Lois McJohnston, Warren, Manitoba.
 Winnifred Cranna, Sandridge, Manitoba.
 Mary Griffiths, Roseisle, Manitoba.
 Charlotte Keyes, Elphinstone, Manitoba.
 Jean Ramage, Wawota, Saskatchewan.

OCCUPATION

In addition to the regular occupational classes under the direction of the Occu-

pational Therapist, a large percentage of employable patients, both male and female, is engaged in useful and healthful work in practically every department of the Hospital.

RELIGIOUS SERVICES, ENTERTAINMENTS, Etc.

Divine Service is held regularly throughout the year, the local clergymen officiating in turn.

Concerts are provided for patients from time to time. Dances are a weekly feature during the winter months.

An excellent outdoor skating rink is provided for the use of patients and staff. Also at their disposal is a badminton court. For summer exercise and recreation excellent tennis courts are available. It is hoped to put into use a new court area, consisting of four courts, early this coming summer. This should provide ample accommodation for all who desire to engage in this exercise and pastime.

CONSTRUCTION, ALTERATIONS AND REPAIRS

Under the supervision of the Department of Public Works, one of the deep wells providing the water supply of the Hospital and heretofore used only as an auxiliary well, was thoroughly cleaned, recased and a new turbine pump installed. This has resulted in greatly reduced pumping costs and assured us of a more dependable supply. That which has served for many years as a main source has been relegated to that of auxiliary. It is equipped with an air lift pump and is costly of operation. At a later date this should be exchanged for a turbine pump similar to the one referred to above.

An outbreak of Typhoid Fever in the town of Selkirk in the spring of the year indicated the necessity for guarding the Hospital from an epidemic of water borne disease. On the instructions of the Department of Health a chlorinator was installed during the summer, thus insuring a safe water supply at all times.

A new, large "Cascade" Washer was installed in the Laundry, replacing two small, worn out machines.

No new construction was undertaken during the year. Necessary repairs to buildings and equipment were carried out by the mechanical staff of the Hospital.

RECOMMENDATIONS

1. The most pressing need that might be considered as possible of consideration in view of the financial position of the Province was referred to in last year's report, viz., the reconditioning of, and provision of new and modern fixtures in the bathrooms of Wards 1, 3 and 8. Until such is done, the Medical and Nursing Staff is handicapped to no inconsiderable degree in the proper care of patients suffering from tuberculosis. The toilet facilities now afforded are entirely inadequate for the numbers of patients in these wards. Were these bathrooms put into proper condition it is felt that better arrangements might be made for the more complete isolation and segregation of the tuberculous.

2. The necessity for increased accommodation to relieve the undue overcrowding in the Main Building is too well known to require further comment.

Note—The report of the Farm Manager is attached. That of the Bursar is submitted for the Fiscal Year ending April 30th, 1940.

In closing this report I desire to express my thanks for the counsel and assistance given to myself and staff associates by the Department officials throughout the year.

I also desire to record my appreciation of the loyal service and co-operation rendered by the staff of the Hospital.

I have the honour to be, Sir,

Your obedient servant,

E. C. BARNES, M.D.,
Medical Superintendent.

TABLE No. I.

GENERAL INFORMATION

- 1. Date of Opening of Hospital for Mental Diseases—May 25th, 1886.
- 2. Type of Institution—Provincial Hospital.
- 3. Hospital Plant—

Value of Plant as at December 31st, 1939	\$2,605,793.00
Total acreage of Hospital property	1,261 acres
Acreage under cultivation during year	720 acres

- 4. Medical Service—

	M.	F.	T.
Superintendent	1	---	1
Assistant Superintendent	1	---	1
Assistant Physicians	3	---	3
	5	---	5

- 5. Employees on Payroll as at December 31st, 1939—

(Not including Physicians)

	M.	F.	T.
Graduate Nurses	2	13	15
Other Nurses and Attendants	56	46	102
Other Employees	28	35	63
	86	94	180

- 6. Patients Employed in General Hospital work as
at December 31st, 1939

M.	F.	T.
247	130	377

- 7. Patients in Institution—

	M.	F.	T.
As at December 31st, 1939	501	341	842
On probation	26	15	41

- 8. Average Daily Population for the Year—

(Excluding Probations)	840.19
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TABLE No. II.

Financial Statement for the year will be found in the Public Accounts.

TABLE No. III.

STATISTICAL SUMMARY

1. Movement of Population—

	M.	F.	T.
Remaining in Hospital December 31st, 1938	500	334	834
On Parole or otherwise absent December 31st, 1938.....	18	20	38
Total patients on Register December 31st, 1938	518	354	872

First Admissions for year ending December 31st, 1939.

	M.	F	T.			
General Admissions	---	---	---			
Voluntary Admissions	---	---	---			
By Commitment	5	4	9			
Transfers from other Hospitals for Mental Diseases	47	20	67	52	24	76

Re-admissions for year ending December 31st, 1939—

	M.	F	T.			
General Admissions	---	---	---			
Voluntary Admissions	1	2	3			
By Commitment	6	7	13			
Transfers from other Hospitals for Mental Diseases	10	11	21	17	20	37
Total Admission for year ending December 31st, 1939.....	69	44	113			
Total under Treatment during the year	587	398	985			

Discharges for year ending December 31st, 1939—

	M.	F	T.			
Recovered	18	9	27			
Much Improved	2	6	8			
Improved	8	12	20			
Unimproved	3	---	3	31	27	58
Not Insane	1	1	2	1	1	2
Deportations	---	---	---	---	---	---
Elopements	---	---	---	---	---	---
Transfers to other Hospitals for Mental Diseases	---	1	1	---	1	1
Deaths	28	13	41	28	13	41
Total Discharged, Not Insane, Eloped, Deported, Transferred and Died	60	42	102			
Remaining in Hospital December 31st, 1939	501	341	842			
On Parole or otherwise absent December 31st, 1939.....	26	15	41			
Total on Register December 31st, 1939	527	356	883			

2. Additional Data—

1. Average Daily Population (excluding probations)	840.19
2. Rated Capacity	640
3. Percent over Rated Capacity	31.30%
4. " Deaths of average Daily Population	4.88%
5. " Deaths of number under treatment	4.16%
6. " Discharged of number under treatment	6.09%
7. " Discharged of number admitted	53.10%
8. " Recoveries of number admitted	23.90%
9. Returned from probation—Males 7—Females 13.	

BURSAR'S REPORT

Dr. E. C. Barnes,
Medical Superintendent,,
Hospital for Mental Diseases,
Selkirk, Manitoba.

Sir:

I beg to present the financial and general report relating to my office for the year ending April 30th, 1940.

STATEMENT OF EXPENDITURES AND RECEIPTS

Fiscal Year Ending April 30th, 1940.

Expenditures:

Administration and Subsistence:

Salaries	\$117,647.47
Subsistence	65,658.19
Clothing	5,057.29
Dry Goods	\$6,443.97
Cleansing Supplies and Toilet Requisites	2,667.71
Crockeryware	1,919.00
Office Supplies, Stationery, etc.	1,200.55
Laundry Supplies	3,720.42
Telephone and Telegraph	961.52
Religious Services	455.00
Medical and Dental Supplies	6,415.73
Fuel for Stoves	2,035.74
Car Depreciation	202.71
Gas and Oil, etc.	804.48
Freight	300.01
Land Payments	4,887.68
General Expenses	3,400.35
	<hr/>
	35,414.87
Total Administrative Expenses	<hr/>
	\$223,777.82

Farm Expenses:

Salaries	\$9,531.35	
Supplies and Expenses	6,408.98	
		15,940.33
Total Health and Public Welfare Expenditure		\$239,718.15

Power House—Public Works:

Salaries	\$19,778.00	
Fuel	32,376.14	
Light and Power	12,704.43	
General Expenses	6,805.32	
		71,663.89
Total Expenditure for Hospital		\$311,382.04

Receipts:

Maintenance Paid	\$50,739.64	
Farm Products	\$15,096.80	
Farm Revenue	2,961.23	
		18,058.03
Sundry Receipts	1,106.64	
Total Receipts		69,904.31
Net Cash Cost of Institution for year ending April 30, 1940....		\$241,477.73

SUMMARY OF EXPENSES AND RECEIPTS

Administration and Subsistence	\$223,777.82	
Farm	15,940.33	
		\$239,718.15
Deduct—Increase in Inventory		3,275.89
		\$236,542.26
Power House	\$71,663.89	
Add—Decrease in Inventory	298.31	
		71,962.20
Net Cost of Institution for Year		\$308,504.46

Per Capita Cost:

	1939-40	1938-39	1937-38	1936-37
Total Patient Days	308,244	306,175	308,673	306,847
Daily Average	842.19	838.82	845.68	840.66
Gross per Capita Cost	\$1.1075	\$0.9657	\$0.8858	\$0.8103
Net per Capita Cost	\$0.7828	\$0.7341	\$0.6575	\$0.6068

Analysis of per Capita Cost:

	1939-40	1938-39	1937-38	1936-37
Salaries .....	.3815	.348	.3023	.2754
Subsistence .....	.2120	.2044	.2022	.1819
Clothing .....	.0162	.0199	.0156	.0159
General Expense .....	.1150	.1106	.0924	.0702
Farm .....	.0515	.0566	.0487	.0464
Power House Salaries .....	.0641	.0559	.0515	.0505
Power House Fuel .....	.104	.097	.1019	.1082
Power House Expenses .....	.0632	.0733	.0712	.0618
Total per Capita Cost	1.1075	.9657	.8858	.8103

The Hospital Farm made a profit during the year 1939-40, after all expenses, as follows:—

Products consumed in Hospital	\$15,096.80
Outside Sales	2,961.23
Total Receipts	\$18,058.03
Farm Salaries	\$ 9,531.35
Farm Expenses	6,408.98
Total Expenditures	15,940.33
Net Profit for Year	\$ 2,117.70

The expenditures include payments on land to the amount of \$834.66, second-hand separator, \$275.00, and seeder, \$271.50.

The carpenter and painter have this year, in addition to routine repairs, done a good deal of work in Wards 1, 3, and 8, and these wards are now in fair condition, but I would recommend that new floors be laid in many of the rooms in these wards, as they are in very poor condition. During the coming year, we are planning to work on Wards 2, 4, and 6, and some necessary re-decorating in the Nurses' Home.

The cost of the Laundry has been a little higher, due to rising cost of soap powder and soda. Quantities of supplies used are about the same as in previous years.

The Hospital chauffeur has travelled a total mileage of 10,266 in the Ford truck and 9,208 in the Dodge Sedan passenger car.

Expenditures have been kept within the appropriation, both those allocated by Public Works and those by Health and Public Welfare, and during the year we have made payments on land as follows:—

House on Manitoba Avenue	\$1,190.50
Soldiers' Settlement Board Property	2,032.37
May-Tag Property	1,664.81
	<hr/>
	\$4,887.68
	<hr/>

All these lands have now been paid for in full.

Respectfully submitted,

THOS. ALLEN,

Bursar.

FARM

Dr. E. C. Barnes,
Medical Superintendent,
Hospital for Mental Diseases,
Selkirk, Manitoba.

Sir:

I have the honour to submit the Annual Report of the farm, grounds and garden for the calendar year ending December 31st, 1939.

The farm has continued towards the objective of a well balanced unit, capable of producing a surplus of grain, cattle and hogs over institutional requirements. To this end brushing and breaking of undeveloped land was undertaken and an additional sixty acres will be seeded to crop next spring. This completes the major brushing and breaking programme on the present land holdings. There are, however, several small blocks of brush land to bring into cultivation and these will be developed at the earliest opportunity.

The total revenue was \$17,311.45, an increase of \$336.82. This was due to an increase in "Cash Sales" which amounted to \$2,737.76. There was an operating loss of \$268.64. This was brought about by an increase in the salaries of the farm staff amounting to \$846.75, and the purchase of a Diesel Tractor and Grain Separator. The cost of both these implements was \$1,295.00 plus used farm tractor. The increase in Inventory Value of farm machinery will partly balance this expenditure. The expenditure for tractor fuel and oil was reduced by over \$500.00.

The annual payments on land purchased amounting to \$944.61 were met out of the appropriation.

Total land owned		1,261 acres
Total land in crop	720	"
Hospital grounds, farm yards, pasture, roads and bush	541	"
	<hr/>	<hr/>
	1,261	1,261 "
	<hr/>	<hr/>

FIELD CROPS

Cereals.—The spring of 1939 was suitable for field cultivation but was too cool and dry for maximum germination and growth. The mid and late summer season

was normal for crop production. Considerable difficulty was experienced harvesting cereals due to continued showers. There was some loss of grain due to shelling and some shrinkage in the stock.

Yields—Wheat	142 acres	2,718 bushels
Oats	190 "	6,567 "
Barley	43 "	1,887 "
Flax		26 "

CORN AND ROOT CROPS

The cool spring was not favourable for germination and growth of corn seedlings. Growing conditions improved in mid-summer but the yield was below average. Sorghum sown June 10th returned a heavy yield of soiling crop and silage.

The area sown to roots was reduced to five acres. The yield was splendid, although some of the sugar beets were injured by the heavy September frost.

Yield—Corn and Sorghum	19 acres	150 tons
Roots	5 acres	83 tons

GARDENS AND GROUNDS

Vegetable Garden.—The root house built in 1938 proved suitable for vegetable storage, hence an increase in the production of staple vegetables was planned. These vegetables are now on hand and available for use in the hospital.

Potatoes.—The yield of potatoes was average. The average size of tuber was good. Owing to varying moisture and soil conditions during the growing season the tubers were rough and badly shaped. A surplus of 640 bushels, which could not be properly stored, was sold.

Yield 37½ acres 6,459 bushels.

Grounds.—The trees and shrubs planted the past few years made substantial growth in 1939. New plantings of spruce and shrubs were apparently successful. The spring planting programme of 1940 will complete the major grounds improvement projects arranged. There are, however, a number of other problems on the grounds that will be undertaken in the near future.

May I refer here to the assistance received during the past few years from the Superintendent of the Experimental Station, Morden, and his assistants. The information so freely given and the assistance rendered have been of outstanding value in carrying out the beautification of the hospital grounds.

Greenhouse.—The greenhouse was used for the production of bloom for the wards, also for starting and transplanting the numerous bedding plants of both flowers and vegetables required for use on the grounds and garden.

The growing of tomatoes was continued, 539 pounds being available for institutional use. A small amount of radish and lettuce was also grown.

LIVE STOCK

Horses.—There are eighteen work horses on the farm. These are suitable for farm purposes.

Holstein Cattle.—This department has continued to supply milk to the hospital. In addition some beef and veal was supplied. Thirty-one head of cattle were sold for a total of \$1,673.89.

Hogs.—The hog department has been operated on a similar basis to 1938. Sufficient fresh pork and much of the bacon and hams consumed in the hospital was supplied. The loss of 19 pigs, weighing about sixty pounds each, by dogs was serious. It is apparent that this dog menace may cause further loss if the small pigs are not given ample protection. Plans are now underway to make these arrangements.

Six hogs were donated to the Knowles Home for Boys.
Number of hogs slaughtered—132.
Weight of fresh pork—21,447 pounds.

Poultry.—This department is maintained for the production of fresh eggs for the hospital. A total of 3,519 dozen eggs were produced. Around 90 yearling hens were retained and their production is being recorded. Barred Rock pullets were purchased to replace the remainder. If it is found that yearling hens produce reasonably well and mortality normal this practice will be continued.

Poultry on hand—327 @ \$.75.....\$245.25

MACHINERY

The farm machinery is kept in good repair by Mr. Massey and his assistants. The gasoline type tractor was traded in on a new D2 Caterpillar Diesel Tractor. Results of one year's operation show a reduction of over \$500.00 in fuel and oil costs. A used Grain Separator was purchased from the Department of Agriculture. This separator will probably handle the crop for a year or two when it will have a trade-in value of more than cost price.

STAFF

There have been no staff changes. A temporary teamster was hired for the summer months. The placing of an additional attendant and group of patients at the disposal of the farm superintendent was of particular value. The effort on the part of you, Sir, and the Chief Attendant, in making this arrangement was greatly appreciated by Mr. Massey and myself. A great deal of work was accomplished by this group of men.

The staff have carried on their duties in a satisfactory manner and have been co-operative in all activities.

FARM STATEMENT—January 1st, to December 31st, 1939.

Receipts—		
Cash Sales	\$ 2,737.76	
Produce to Institution	14,573.69	
Expenses—		\$17,311.45
Salaries	9,933.74	
Supplies and Expenses	6,351.35	
Tractor	1,000.00	
Separator	295.00	
		17,580.09
Operating Loss		\$ 268.64

Operating expenses include payments on land purchased as follows—

Land Settlement Board	\$ 559.46
Maytag property	385.15
Expenses land development	200.00
	<u>\$1,144.61</u>

INVENTORY

Horses	18 head	\$1,600.00
Cattle	100 "	7,685.00
Hogs	158 "	2,240.00
Poultry	327	245.25
Machinery—\$4,033.00; Truck—\$800.00.....		4,833.00
		<u>\$16,603.25</u>

Produce—

Wheat	2,090 bushels @ \$.57	\$1,191.30
Barley	1,160 " .44	510.40
Oats	2,994 " .25	1,047.90
Hay	111 tons 6.00	666.00
Sweet Clover	58 " 5.00	290.00
Ensilage	160 " 3.50	560.00
Roots	27.5 " 2.00	55.00
Straw	124 " .50	62.00
Flax	10 bushels 1.80	18.00
Vegetables (total of all)		629.48
Potatoes	3,700 bushels .40	1,480.00
		<u>\$6,510.08</u>

Respectfully submitted,

J. E. CRAWFORD,

Farms Manager.

Manitoba School for Mental Defectives

Dr. A. T. Mathers,
Provincial Psychiatrist,
Psychopathic Hospital,
Winnipeg, Manitoba.

Sir:

I have the honour and pleasure to present to you the Annual Report of The Manitoba School for the Calendar Year 1939.

I believe the institution has maintained its service to the patients satisfactorily, and made very definite progress in organization, additions to equipment, and general physical maintenance.

While these advances will be noted briefly hereafter, I wish at this time to make two suggestions that I hope may receive your support. The first of these I have previously mentioned, namely, that of changing the name of the Institution to "The Manitoba Hospital and School." I believe that we can now merit this dual nomenclature, and it would add to the ease of administration and perhaps also add to the prestige of the institution. The second point is that in any future expansion a very important and necessary factor to be considered is the provision of sufficient training and teaching facilities. I am concerned about the growing high grade population without adequate facilities for applying the principles of recreational, occupational and primary academic training that is required for these patients. They cannot be expected but to present great difficulties and dangers without such adequate facilities for their care that are generally recognized as necessary. The commitment of a high grade patient is just the beginning of the State obligation. It should be recognized that it is not most often the mental state or level alone that was responsible for their commitment, but rather abnormal behaviour not uncommon to the general population, but which requires special methods and care. Segregation alone is very apt to intensify these behaviour disorders. I suggest therefore that with the prospect of expansion any new accommodation providing for increase in population must be accompanied by plans to increase our recreational, occupational and educational facilities. These need not entail great expenditure as will be pointed out subsequently.

Further to the above suggestions I would also advise that we have more than reached our limit for Laundry and Stores services to the institution, and any new construction and additional population will demand additional space for these two essential services.

A resumé of the movement of patient population follows:

The year commenced with 418 patients in residence, 180 males and 238 females. The total under treatment during the year was 452, 185 males and 267 females. The lowest number in residence was 418 (Jan. 1/39), and the highest number was 440 (Dec. 10/39). The total average for the period was 427.13.

Admissions:—Admissions totalled 40 patients, 5 males and 35 females. Of these 25 were first admissions, 2 being males and 23 females; 9 were re-admissions, 1 being

male and 8 females; and 6 were **Admissions by Transfer from other Institutions**, 2 males and 1 female being transferred from the Psychopathic Hospital, and 3 females from the Brandon Hospital for Mental Diseases. Of the first admissions 29.03 percent or 9 patients were classified as Idiots, 41.94 percent or 13 patients were classified as Imbeciles, and 29.03 percent or 9 patients were classified as Morons.

The Racial Origin showed the following classification in order of frequency:—English 8, Slavonic 8, Scotch 5, Irish 3, Icelandic 3, German 1, French 1, Dutch 1, Swedish 1.

Ages are:—2 (under 5 years), 3 (5-9 years), 6 (10-14 years), 4 (15-19 years), 6 (20-24 years), 5 (25-29 years), 2 (30-34 years), 2 (35-39 years), 1 (40-44 years).

Marital Status shows one first admission to be married and the remainder single.

Economic Status is as follows:—Dependent 21, Marginal 9, Comfortable 1.

The Environment shows that 14 were Urban dwellers and 17 Rural.

The Degree of Education attained 18 Illiterate and 13 Read and Write.

Discharges occurred to a total of 5, 2 males and 3 females. The condition of one male and one female was improved, and one male and 2 females unimproved.

Deaths totalled 6, 2 males and 4 females. The death rate based on the total under treatment during the year was 1.32 percent.

Nativity of Admissions:—Canada 95.00 percent; U.S.A. 2.50 percent; Scotland 2.50 percent.

Probations totalled 11, 2 males and 9 females, 2 females being discharged on completion of their probation period, and one male and one female being still on probation at date of report. The increase of three probations over last year is not very encouraging, but there seems to be a considerable difficulty in getting patients back to their homes or placed in the community in any capacity. There are several factors operative here in our experience, the first one perhaps being that the patients are very carefully investigated before they come in to assure the primary necessity for commitment, and then perhaps the second factor is that we have no machinery for arranging probations, such as a Social Service worker or nurse. In so far as the institution is concerned at the present time the only measures that we can use are appeals by correspondence to the relatives. In some cases no replies are received to enquiries, and in many more the home situation is described as being still unsuitable for the return of the patient. Altogether I should think that about the best is being done that is possible in obtaining probations and discharges of patients.

MEDICAL DEPARTMENT

With the addition of a third physician in July, and after the vacation period was over, we were able to prosecute the medical work with vigor with gratifying results. Dr. M. Yaholnitsky, the appointee, has done splendidly. Unfortunately he feels that he would like to follow other medical work and will probably resign in the spring. We hope that a suitable replacement may be found.

We had a sharp epidemic of influenza commencing March 11th and ending about April 15th. There were 176 cases in all, complicated by pneumonia in 5 cases. All

recovered. The only other reportable diseases we have had were 3 cases of erysipelas and one pneumonia.

We are glad to report no increase in Tuberculosis in patients or staff. It would seem justifiable to assume that our teaching, practice, and technique have proven most effective. It is a matter of some fortune perhaps that we have not had some cases due to outside contact, particularly among the staff.

Accidents among the patients are steadily decreasing. Since some staff re-organization about the first of May there has been a steady decline. All accidents were carefully investigated and complete records are on file.

We continue to conduct the Venereal Disease Clinic at the Portage Provincial Gaol from this institution. Apparently it has been satisfactory.

In all departments of the medical activities, namely: Surgical, Laboratory, Dental and X-Ray, as well as Nursing, excellent work has been done, reflecting credit on those in charge. The work accomplished in these various units is indicated below:

DENTAL REPORT

Number of patients examined....	771	Dentures	5
Extractions	239	Denture repairs	1
Fillings	132	X-Ray plates	5
Local Anaesthetics	159	Resistive patients	20
General Anaesthetics	14	Scaling and polishing	394
Gum Treatments	15	Working days	35

SURGICAL REPORT

General procedures	1,952	Major operations	1
Minor operations	53		

VENEREAL CLINIC AT THE PORTAGE PROVINCIAL GAOL

Wassermann Tests	278	Smears taken	509
Arsenical Treatments	399	Gonorrhea Treatments	1,512
Bismuthic Treatments	387	Spinal Punctures	4

STAFF

The number of female supervisors was reduced from six to three. We were assisted very materially in making this change by the appointment of our own Graduates as Staff Nurses, who act in the capacity of "Charge" nurses. I have found this adjustment eminently satisfactory.

The School of Nursing under the direction of Miss Renfrew has been steadily progressive, and efficiency has markedly increased. All female nursing staff are student nurses, and the class of attendants has been discontinued. I commend this change of policy to you as an important advance.

The male nursing staff have also entered upon a three year training programme leading to a certificate. There is a definite curriculum, including a St. John's Ambulance course, as requirements. The response of the male staff has been most encouraging.

The first Graduation Exercises for Nurses at this Institution was held on April 26th. Eight student nurses received their diplomas. This function was a happy milestone in one of our most earnest endeavours for the progress of this Institution. To all who so kindly assisted, I am sincerely grateful.

The health and welfare of the staff, I believe, has received due attention from the senior officers. A minimum of time has been lost through illness, none of which has been serious.

STORES

Our store space is overtaxed. It is also space that never was intended for stores, and consequently contains none of the features necessary for the proper care of quantities of supplies such as we have to purchase. As with the laundry, any additional patient population will demand increased accommodation.

DIETETICS AND HOUSEKEEPING

Under the immediate direction of Miss Torrie a marked improvement has taken place in the two features mentioned above, and, I feel satisfied, has justified the post she has filled for a little over a year, and which at that time was a new venture. There is a wide range of activities centred in this department, which can only be efficiently co-related under one well qualified person. In any event, as a result I believe our raw food costs and service costs are very low. We inaugurated a new plan for the care of linen which, while it increased the cost this year for a foundation supply, I think ultimately will effect a saving. The main feature of this plan is a central linen room and mending room, with the maintenance of careful inspection, disposal, and records.

FINANCE

Generally I have simply indicated the Bursar's report. This year, however, there were several discussions concerning staff to patient ratios, and per capita costs, which insofar as this institution is concerned I wish to briefly amplify. I gather that in both Hospitals for Mental Diseases and General Hospitals no standard staff to patient ratio can be rigidly postulated. I believe this is the opinion of experts in both fields. The factors that dictate these ratios are:

1. Type of institutional construction.
2. Type of patient.
3. Service demand at any one time.

Obviously these are not standard for institutions, and therefore no ratio can be standard, and at the most only approximate. At this institution our ratio is apt to be high because of the very facts pointed out above.

The only feature concerning per capita costs I wish to mention is the fact that it should be broken down to show the component figure before the real picture can be obtained. Our per capita has been increasing the last two years, not because of radical innovations in patient care, but due to other unavoidable circumstances, three of which may be mentioned:

1. An old institution.
2. Replacement of worn out equipment and modern additions.
3. Salary adjustments.

It can hardly be recorded on paper the effort that has been necessary to change an old, dilapidated institution, never designed for a mental institution, into one that is becoming suitable, but not complete as yet. It has increased per capita costs in a manner that is not recognizable in an institution that starts off with new units out of capital monies.

PATIENT PROGRAMME

Patient activities are operating much on the same basis as last year. We have added refinements wherever possible.

The school classes are of great benefit to the young children, and this is the only manner in which anything can be done for them once their physical needs have received attention. The school also contributes very important things to the adolescents and adults, with its varied programme of singing, drill, dancing and elementary academic work. Unfortunately perhaps, when a school is mentioned in connection with an institution of this kind, many are apt to think of formal academic classes, and naturally cannot see any logical conclusion. The picture rather should be that the school supplies those things that our patients lack, such as sense appreciation, moral, social, and hygienic standards, co-operation, and many other features. We do not stress purely academic training. The great need is in other directions. I might say the three R's are worked in incidentally. The school should be the hub around which the whole patient programme revolves. I had hoped that we could increase our school facilities this year, but the War has made the realization difficult at the present time, I would like to establish the principle, however, upon which we should operate. It should be recognized that to segregate our patients by commitment is the commencement of our obligations; that purely academic training is not the requirement, but a programme that is designed to correct the many deficiencies, both intellectually and emotionally, that made their commitment necessary, and furthermore must be dealt with if they are to live peacefully and safely in the Institution.

We continue as usual with our religious services, seasonal sports, moving pictures, radio programmes, and occupational projects.

IMPROVEMENTS AND ADDITIONS

It would be impossible to enumerate the multitude of minor repairs, alterations and re-decorations. The major items only follow from a very active year.

1. Metal cascade washer to replace worn out wooden washer.
2. Diet kitchen established in male hospital and infirmary, with sink, food warmer, small stove and electric refrigerator.
3. Colony Building kitchen reconditioned. Installation of a steam kettle and baker's table and steel storage cabinet. Also an electric refrigerator to replace old wooden home-made box.
4. Granolithic walk in front of milk house, from main building to Power House, and from new unit to Power House—about 200 feet.
5. Booster pump and main line in Power House to boost pressure in fire-fighting lines when necessary. Also an automatic booster pump in main building to increase domestic water pressure. Formerly toilets on top stories would not flush themselves.

6. Library furniture in Nurses' Home.
7. Dining tables and chairs for new staff dining room. Not opened as yet.
8. Purchase of an all-metal ash wagon.
9. An old pump from Colony Building was put on wheels and a small gasoline engine purchased to operate it for watering lawns and gardens from sand-points—very economical.
10. Extensive plaster repairs at Colony Building, centre and west wings of Main Building.
11. New weigh scales installed at Power House. The old ones broke down, and were, in any event, too small for modern trucks and loads.
12. New steam line to Colony Building.
13. Electric refrigerator for Laboratory to replace wooden one. This completes our mechanical refrigeration at the present time, and does away with the purchase of ice, sawdust, and upkeep of ice houses.
14. Roof of Power House renewed and eave troughs repaired.
15. Insulation of roofs of residences No. 2 and 3.
16. Gradual replacement of old locks, small items of furniture such as chairs and bed-side tables. Gradual yearly quota also of replacement of electric switches and fixtures suitable for a mental institution, so that we can control electric consumption and safeguard the patient. Many doors and windows both interior and exterior were replaced because of deterioration, or because in old sections of the building they would not retain patients. Protective screening in transoms and carpenter's hardware to allow opening and closing to regulate ventilation.

There still remains much in the way of the above to be done and I cite a few items to illustrate the problem of changing an old building for a new purpose. This has been in progress the ten years I have been here, and still requires to be completed. At no time was any project carried for any other reason than it was felt essential for safety and ultimate economy.

17. New root house constructed.
18. Fire boxes in boilers rebricked and one set of new grates installed.
19. A number of new valves and pump parts were required, and general boiler repairs done.
20. Replacement of some farm machinery.
21. Wards B and C have been much improved by removing some partitions, thus making larger dormitories, which are more easily supervised, and are better lighted, ventilated, and pleasing in appearance.

RECOMMENDATIONS

I understand there is urgent call for more accommodation, particularly for males. If this is provided, the opportunity should be seized to plan such accommodation so that we can place the sexes in separate buildings, or at the very least, separate the high grade groups of the two sexes in different buildings. At the same time addi-

tional accommodation for laundry and stores will be necessary, and I recommend a separate building to house both, and a second story on this building to be used as an auditorium, gymnasium and class rooms. This would seem the most opportune time to provide these facilities at a minimum cost, as it would only require four walls to be extended and a floor laid down. The interior would be very plain.

Two floors of dormitories and two small clothes rooms require renewing with terrazzo at the Colony Building.

ACKNOWLEDGMENTS

I am indebted to many persons and organizations for assistance and co-operation in the general administration and welfare of patients.

Mr. W. R. Leslie, Superintendent of the Experimental Station at Morden, is an ever helpful friend and benefactor. The beautification of our grounds has only been possible with his advice and support.

Mr. C. Settle, Superintendent of Telephones, has shown us many kindnesses and much service.

The City Council and officials have always been helpful.

To you, Sir, I am grateful for many kindnesses, and to all the officials of the Department of Health and Public Welfare for continued support.

To those of my staff, who by their loyalty and efficiency have furthered the interests of the institution, I am sincerely grateful, and I commend them to your attention.

I have the honour to be, Sir ,

Your obedient servant,

H. S. ATKINSON, M.D.,

Medical Superintendent.

BURSAR'S INSTITUTIONAL AND FARM REPORT

H. S. Atkinson, Esq., M.D.,
Medical Superintendent,
The Manitoba School,
Portage la Prairie, Manitoba.

Sir:

The Bursar's Annual Report dealing with the business transactions of the institution during the Calendar Year 1939 is herewith respectfully submitted.

The expenditures for the fiscal year 1938-1939 were \$3,666.55 under the appropriation, and every effort is being made to keep the expenditures for the current fiscal year within the amount of the appropriation.

The salaries of all employees were adjusted as from 1st December, 1938, but payment was not made until after 1st January, 1939. The amount paid for the year

was \$83,919.80 as compared with \$71,187.94 for the previous year, an increase of \$12,731.86.

FOODSTUFFS

The cost of foodstuffs purchased during the year was reduced from \$40,484.97 to \$36,245.32, a reduction of \$4,139.65. This reduction is partly due to a more plentiful supply of vegetables being obtainable from our own garden, thus enabling us to purchase less canned vegetables and dried fruits.

CLOTHING

The total expenditure for clothing was \$5,081.59 as against \$5,178.06, a reduction of \$96.47. Uniforms supplied to the staff cost \$1,333.95. Deducting this amount from the total expenditure makes the cost of clothing for patients \$3,747.64, which gives a cost of \$8.77 ²/₅ per patient.

EXPENSES

The total amount expended was \$20,384.43, compared with \$19,390.34, an increase of \$994.09.

Increased expenditures were made for laundry supplies and equipment; lavatory supplies, kitchen and dining room equipment; postage, telephones and telegrams; gasoline, and other expenses; and reduced expenditures were made for cleaning supplies; furniture, furnishings and bedding; medical supplies; special medical treatment; X-Ray supplies; dentistry; office supplies; trucks; and entertainment.

It might here be mentioned that \$2,008.13, part of the cost of renewing the steam line to the Colony Building, was paid out of this appropriation.

FARM SALARIES

The amount paid for salaries is \$645.43 more than that paid for 1938. This is due to the adjustment made at the beginning of the year.

FARM SUPPLIES AND EXPENSES

The cost of supplies and expenses was reduced from \$4,873.64 to \$3,641.00, a reduction of \$1,232.64. There were increased expenditures for gasoline and oil; feed; cattle; and hogs, and reduced expenditures for implements and repairs; seed and plants; veterinary services; fencing and other expenses.

During the year 10 pure bred Holstein cows and a pure bred Holstein bull were purchased at a total cost of \$1,070.90, but this expenditure was more than offset by sale of grade cows. An amount of \$94.00 was received for one cow, which was ordered to be slaughtered by the Dominion veterinary surgeon. The amount was remitted to the treasury and credited to the appropriation. From sale of bulls, calves and cows, an amount of \$1,111.43 was remitted to treasury, making a total \$1,205.43 to offset the expenditure for pure bred stock.

The total expenditure for farm salaries and supplies and expenses was \$9,321.22. Revenue from sales and remitted to treasury amounted to \$3,434.03, and value of produce supplied to Institution was \$8,170.18, a total of \$11,604.21, so the revenue from this department was \$2,282.99 in excess of expenditures.

PER CAPITA COST

This has increased from \$1.19 to \$1.20 per patient per day. This cost is due to increased salaries, to extraordinary expenditures for renewal of worn-out equipment, and to increased expenditure for operation and maintenance.

During the year under review there was an increased expenditure of \$17,940.60 for salaries. Some of the extraordinary expenditures paid out of the appropriation for Administration and Subsistence were as follows:

Part cost of renewing Steam Line to Colony Building	\$2,008.13
Replacing old wooden washing machine with all metal washer	1,698.00
Replacing old and additional equipment for kitchens	422.43
Replacing worn-out Floor Covering	138.48
New Tables and Dining Room Chairs for additional Staff's Dining Room....	323.40
Replacing 75 Steel Chairs	168.75
New Filing Cabinets	61.50
Furniture for Library, Nurses' Residence	75.36
Bedside Tables for Hospital Ward	68.20
Replacing old Ice Refrigerators with Electric Refrigerators	467.12
Increased expenditure for Operation and Maintenance Supplies	667.33

All the above expenditures were absolutely necessary, and none of them will have to be repeated within the next few years. It is, however, necessary to continue making further replacement of old and worn-out equipment if the standard of the Institution is to be maintained.

STORES

As stated in previous reports this department is still very short of space, and is without proper facilities for the storage of fresh fruits and other perishables. An improvement has been shown in the cleanliness of the stock, but it will be impossible to maintain this department in the manner it should be unless enlarged accommodation is provided. Air-filters were installed in some of the windows, which have improved the ventilation.

KITCHENS

Both kitchens have been maintained in a thoroughly clean and sanitary manner and the staff have given every co-operation to the Dietitian in the carrying out of her duties, and a constant and steady endeavour is being made to maintain and further improve the food service to the wards. A new baker's table, steam jacketed kettle, oven toaster and an electric refrigerator were purchased for this department during the year.

LAUNDRY

This department handled 409,558 pieces during the year, an increase of 6,351 pieces. While an old wooden washer was replaced with a modern all metal washer, the demands now made on this department are such that it will be necessary to make further renewals during the present year. Another old wooden washer should be replaced, and also the mangle, which has been in service for more than twenty years, and cannot now handle the increased work.

The work is being turned out as satisfactorily as it is possible to do, and not

much improvement can be expected until such time as finances will enable us to install a water softener.

TRANSPORTATION

This service is furnished by a Chevrolet 1½-ton Stake body, and a Chevrolet ½-ton Panel body. The former is used for heavy trucking and has now been in operation for over eight years, and has run 33,152 miles. The ½-ton is used for light work and as an ambulance. It has been in operation since June, 1936, and had run 31,772 miles as at 31st December, 1939.

The 1½-ton truck is in very poor shape, and will either have to be thoroughly overhauled at considerable expense, or traded in, otherwise it will be uneconomical to continue operating.

The ½-ton truck has just been overhauled in the Central Power Garage, and should meet all demands made on it for a few more years.

CRAFT ROOM AND WORKSHOP

These departments continue to be self-supporting and of considerable value in training patients in handicrafts. Revenue received from articles made in the departments exceeded the expenditure by \$128.99. Articles and toys made in the Workshop totalled 99; while in the Tailor Shop 1,865 new articles, including restraint jackets, mitts and sheets, canvas slippers, bed sheets, etc., were made, 6,751 garments of patients and staff were repaired, as well as 391 pairs of shoes.

SEWING ROOM

The work done in this department is done by female patients under the supervision of a seamstress, and included nearly 7,000 household and Institutional staple supplies, as well as 184 pieces of crochet work, 90 knitted garments, 73 pieces of embroidery, 42 rugs and mats, 4 pieces of cross-stitch, and other miscellaneous articles.

In conclusion I would again acknowledge the assistance given by the patients in the Kitchens, Laundry, and Sewing Room, it being of material value in reducing the cost of operation.

To you, Sir, I extend sincere thanks for your assistance and co-operation throughout the year.

Obediently yours,

HUGH SIMPSON,

Bursar.

THE MANITOBA SCHOOL

Statement Showing Per Capita Cost for Calendar Year 1939.

Operation and Maintenance—

Salaries	\$11,567.80	
Fuel	18,465.27	
Supplies and Expenses	13,252.50	
Inventory Increase	155.98	
		<hr/>
		\$43,129.59

Administration and Subsistence—

Salaries	\$83,919.80	
Supplies	36,245.32	
Clothing	5,081.59	
Expenses	20,384.43	
Maintenance of Patients outside		
Institution	867.50	
Inventory Increase	411.70	
		146,086.94
		2,282.99

Attendance—

Month	Days	Patients
January	31	12,967
February	28	11,744
March	31	13,005
April	30	12,629
May	31	12,987
June	30	12,708
July	31	13,275
August	31	13,347
September	30	13,027
October	31	13,499
November	30	13,107
December	31	13,609
	365	155,904

Average number of Patients per day	427.13
Average cost per Patient per day	\$1.20
Revenue from Patients	\$ 62,009.54
Net Expenditure	124,924.00
Net Cost per Patient per day .....	.81.28c

TABLE No. I.

GENERAL INFORMATION

1. Date of opening of Institution June, 1890.
2. Type of Institution—Provincial Institution for the care and training of the Feebleminded.
3. Institutional Plant:—

Value of Institutional Plant\$779,968.10

Total Acreage of Property 800

Acreage under cultivation 665

4. Medical Service—			
Superintendent	Male	Female	Total
	1	---	1
Assistant Physicians	2	---	2
Dentist (part-time)	1	---	1
	4	---	4

5. Employees on Pay Roll as at December 31, 1939.
(Not including Superintendent, Ass't. Physicians or
Dentist)—

	Male	Female	Total
Female Nurses	---	43	43
Male Nurses	26	---	26
Senior Nursing Staff	8	5	13
All other Employees	27	25	52
	<u>61</u>	<u>73</u>	<u>134</u>

6. Patients employed in all Institutional Departments—

	Male	Female	Total
	92	137	229
7. Patients in Institution at date of report	181	260	441
8. Average daily population for the year	427.13		

TABLE No. II.

MOVEMENT OF PATIENT POPULATION

	Male	Female	Total
Remaining under Treatment January 1, 1939.....	181	238	419
First Admissions for year ending December 31, 1939—			
	Male	Female	Total
1. From Municipalities	2	21	23
2. Government Patients	---	2	2
3. Private Patients	---	---	---
	2	23	25
Admissions by Transfer from other Institutions for year ending December 31, 1939—			
	Male	Female	Total
1. From Municipalities	2	3	5
2. Government Patients	---	1	1
3. Private Patients	---	---	---
	2	4	6
Re-admissions for the year ending December 31, 1939. (Exclusive of Re-admissions from Probation)—			
	Male	Female	Total
1. From Municipalities	---	2	2
2. Government Patients	---	---	---
3. Private Patients	---	---	---
	---	2	2
Total Admissions for year ending December 31, 1939..	<u>4</u>	<u>29</u>	<u>33</u>
Total under Treatment during the year	185	267	452

Discharges during the year—

	Male	Female	Total			
(a) Recovered	---	---	---			
(b) Much Improved	---	---	---			
(c) Improved	1	1	2	Male	Female	Total
(d) Unimproved	1	2	3	2	3	5
Transferred Out	---	---	---	---	---	---
Deaths	2	4	6	2	4	6
				-----	-----	-----
Total Discharged, Transferred or Died				4	7	11
Total on Institutional Register as at December 31, 1939						
(Including Patients still on Probation)				181	260	441

Total Patients taken out on Probation and returned during the year—

Male	Female	Total
1	6	7

Total still on Probation as at December 31, 1939—

Male	Female	Total
1	1	2

Administration of the Estates of the Mentally Incompetent

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Man.

Sir:

I beg to submit, herewith, report for the Calendar Year ending December the 31st, 1939, for the Division of the Administration of Estates of the Mentally Incompetent for the Province of Manitoba.

At the year's end there were 809 Estates under Administration, which represents an increase of twenty-four over the previous year. Of this number six hundred and sixty-two were definitely active at some time or other during the year and cash receipts and disbursements were made in connection with same. Of the remaining one hundred and forty-seven, a few were more or less in a dormant state, but the greater percentage of same required correspondence and action in some particular at some time or times during the course of the year.

REAL PROPERTY

At the end of the year we had ninety-eight farms under administration and eighty-two properties in the City of Winnipeg, Suburban Municipalities and various Towns and Villages throughout the Province. There were also fifty-eight Mortgages on Real Estate under administration: thirty-nine of these being on farm properties and nineteen on City, Suburban and Town properties. In addition, there were thirty-eight Agreements for Sale under administration; twenty-three of these being on farm properties and the remaining fifteen, on City, Suburban and Town properties.

Our farms yielded the following grain and field crops:

Wheat	40,669 bus.	Rye	233 bus.
Oats	18,185 bus.	Alfalfa	6 tons
Barley	9,815 bus.	Oats and Flax mixed	900 bus.
Flax	483 bus.		

In addition thereto, the farms yielded considerable hay, sweet clover, fodder and oat sheaves. In-as-much as we have farms in all parts of the Province, the foregoing yield is but a little under, what one may call, an average crop. All our wheat was sold through the Wheat Board and Producers' Certificates received for the patients' shares.

We have continued the practice of renting our farms on the usual share of crop basis, the amount received by us for the patient varying as to whether or not the patient has stock and equipment and it is being used by the tenant. We have found it much more beneficial to the patient's estate to dispose of stock and equipment and renting on one-third of crop basis, providing there is no chance of the patient recovering and being re-established on his farm.

During the year we sold the following properties:

Lot 21, Blk. 6, D.G.S. 52,	Winnipeg
Lot 53, St. Peters.	
Lot 105, St. Peters.	
Lot 44, Blk. 24, Flin Flon,	Manitoba.

The first mentioned of these properties was a small cottage in Winnipeg, which was sold at what we considered quite a good figure and for cash. The two St. Peters properties we sold for cash and were more or less forced sales to salvage the patient's equity as the properties were being lost at tax sale. Considering recent sales in the district, we considered the sale price of each was not out of line. The sale of the property at Flin Flon was the sale of a house on leased land. A substantial cash payment was made and the balance has been secured by chattel mortgage, title to the land on which this house was built not being vested in the Vendor.

During the year we instructed Licensed Auctioneers to hold for us, twelve sales in various parts of the Province, at which were sold the effects of thirty-eight patients. Most of these were small sales involving only household furniture, personal effects, etc., and in every case we were most particular to receive assurance from the physician in charge of the patient that their chances of ever using the articles in question were most remote. The relatives also were consulted in many of these cases.

For the past three years it has been our practice to remove to our own store-room, the patient's household furniture, personal effects, trunks, etc., where there are no responsible relatives who would be willing to keep them safely for the patient, or there is no other place to put them. These articles are held for a considerable period of time in our store-room and eventually disposed of and the patient's estate credited with the proceeds. In cases where there is likelihood of the patient being discharged from the Institution and where the patient has valuable furniture and has the means to pay, proper storage warehouses are used.

RENTALS

Rental collections from City, Suburban, Town and Village properties approximating \$550.00 per month have continued to come in satisfactorily during the year. We endeavour to keep our properties in reasonable state of repair, always taking into consideration of course, net revenue received. A close watch is kept on Fire Insurance coverage and taxes, and in one case, an appeal to the Manitoba Tax Commission was taken against an assessment which resulted in our taxes on this particular property being cut in half. Our leases for the most part are written leases and contain "Sale Clauses".

LIFE INSURANCE

We held, in this office for patients on December the 31st, 1939, 176 Life Insurance Policies. Forty-four of these Policies contained disability clauses of various kinds, which entitled some benefit to accrue to the assured patient by virtue of his illness. In those cases where it is necessary for premiums to be paid, we pay same if funds are available and if not, arrangements are made for the payment of same by relatives, or advantage taken of extended Insurance, paid up Insurance, and other such Clauses in said Policies.

BONDS

At the end of the Calendar Year there were held, as Committee of the estates of

patients, Bonds of a par value of \$185,585.00. We have continued the practice of investing surplus funds as soon as practicable in Dominion of Canada Government Issues, and no block investments are made, but Bonds are purchased for each Estate individually. We also held for patients at the end of the year, Stocks of a nominal value of \$53,308.99, but it is intended during the course of this coming year to ascertain and set these up under their market or true value.

INSPECTIONS

Four hundred and one Incoming Reports to the Brandon and Selkirk Institutions, and two hundred and ninety-five Outgoing Reports from said Institutions, were received in this office during the year. Each Incoming and Outgoing Report involves either a personal inspection by our Inspector to ascertain particulars, or correspondence; and in most cases both.

We endeavour to keep our inspection costs down to a minimum, but at the same time to keep as closely in touch as possible with our tenants. The time may come when we will have to have resident Inspectors in certain outlying points in the Province, but we do not think such steps are warranted at the present time. On occasions we avail ourselves of the services of the secretaries of the Municipalities and Tax Collectors and have always found them most co-operative. We have also used solicitors in outlying points at times and in all cases we endeavour to use the solicitor in the District to whom the patient had entrusted any legal business prior to his illness.

MAINTENANCE

During the Calendar Year 1939, this office paid over to the Supervisor of Public Institutions the sum of \$55,394.65 for the maintenance of Inmates as follows:

Selkirk Hospital for Mental Diseases.....	\$21,654.42
Brandon Hospital for Mental Diseases	31,621.41
Manitoba School, Portage la Prairie	603.29
Psychopathic Hospital, Winnipeg	1,515.53

In addition thereto, for the first time so far as we can find, this office during the year turned over monies to the Honourable Provincial Treasurer amounting to \$7,183.93, under Section 34, Sub-section 1, of "The Lunacy Act". This was money held for the estates of two patients who had died in the Institution many years previously. It was found, after extensive enquiry, that neither of the deceased had relatives to claim same. In one case, we even made enquiries as far as Australia to locate the family history, but could not locate any living relatives entitled to claim the money.

GENERAL REMARKS

While this division has to deal with matters and problems probably as wide, if not wider in variety and complexity than most branches of Government Service, it is this very fact that makes our work most interesting. We have grain farms, stock farms, mixed farming farms, honey farms and mink ranches. We have had general stores, hardware stores, fruit orchards and numerous other businesses. We have house properties and store properties. We are met with problems of insurance, pensions, banking and investments to mention only a few. During the past year we have had two cases before the Court of King's Bench involving interpretation of Wills.

The work of the department is steadily increasing from year to year as it is

noted that in 1932 there were only 452 Estates under administration which yielded a little over \$31,000.00 in maintenance.

In closing I wish to make special mention of the retirement, during the year, of Mr. H. S. Trumpour, who for such a long time served this Department as an Inspector so faithfully and well, and whose place has been so difficult to fill. I would also like to thank the Minister, the Honourable Mr. Griffiths and yourself for your kindly co-operation at all times. And it is my pleasure as well to state that I have found all of my staff throughout the year most loyal and willing, without which spirit this office could not function.

Yours sincerely,

R. R. GOODWIN,

Administrator of Estates of Mentally
Incompetent.

STATEMENT OF ESTATES UNDER ADMINISTRATION AS AT DECEMBER 31st, 1939.

ASSETS		LIABILITIES	
Cash on hand and in The Royal Bank of Canada	\$ 62,228.15	Liabilities of estates:	
Government, Municipal and other Bonds, being part of the corpus of specific Estates at par value	185,585.00	Accounts Payable	\$ 4,782.82
Shares of the Capital Stock of various Companies, at nominal valuation	53,308.99	Accounts Payable: Suspense	200.00
Disability and Annuity Contracts (Maturity value)	14,639.71	Notes Payable: Principal	\$ 4,425.34
Accounts Receivable	4,077.26	Interest	53.52
Rentals Receivable	1,643.47		4,478.86
Notes Receivable: Principal	\$14,557.97	Province of Manitoba:	
Interest	799.83	Advances for the Conservation of Estates:	
		Principal	\$ 2,030.55
		Interest	198.70
			2,229.25
Mortgages and Agreements Receivable:		Mortgages and Agreements Payable:	
Principal	\$35,561.97	Principal	\$ 48,508.76
Interest	3,398.30	Interest	3,369.92
			51,878.68
Chattels	38,960.27	Total Liabilities of Estates	\$ 63,569.61
Real Estate	17,562.72	Estates under Administration:	
		Assets over Liabilities	\$589,476.36
		Surplus Interest, unallocated	95.20
			589,571.56
Total	\$653,141.17	Total	\$653,141.17

Fiscal Supervision of Public Institutions

Dr. F. W. Jackson,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

It is my privilege and honour to submit, herewith, report for the Calendar Year ending December 31st, 1939, for the Division of the Supervision of Public Institutions.

The total revenue for the year amounted to \$225,120.47. This revenue is derived from the following sources:

- A. Maintenance of patients in the Psychopathic Ward of the Winnipeg General Hospital.
- B. Maintenance of patients in The Manitoba School, Portage la Prairie.
- C. Maintenance of patients in the Hospital for Mental Diseases, Brandon, Manitoba.
- D. Maintenance of patients in the Hospital for Mental Diseases, Selkirk, Manitoba.
- E. Farm and Sundry Revenue from the various Institutions.

A statement as to how the foregoing total is made up is as follows:

MAINTENANCE ACCOUNT

Brandon Hospital for Mental Diseases:

12 months' period ending December 31st, 1939:

Provincial and Private patients.....	\$15,941.05	
Indian patients	2,275.75	
Collection Receipts		\$18,216.80
Estate Receipts		31,621.41
Total		\$49,838.21

Selkirk Hospital for Mental Diseases:

12 months' period ending December 31st, 1939:

Provincial and Private patients	\$ 9,273.60	
Indian patients	4,033.33	
Soldiers	17,424.84	
Insane Convicts	277.98	
Collection Receipts		\$31,009.75
Estate Receipts		21,654.42
Total		\$52,664.17

Manitoba School, Portage la Prairie:

12 months' period ending December 31st, 1939:

Provincial and Private patients	\$ 3,521.61	
Municipal patients	58,170.64	
Collection Receipts		\$61,692.25
Estate Receipts		603.29
Total		\$62,295.54

Psychopathic Hospital, Winnipeg:

12 months' period ending December 31st, 1939:

Provincial and Private patients	\$ 5,971.97	
Collection Receipts		\$ 5,971.97
Estate Receipts		1,515.53
Total		\$ 7,487.50
Total Maintenance		\$172,285.42

FARM ACCOUNT

12 months' period ending December 31st, 1939.

Brandon Hospital for Mental Diseases:

Produce supplied from Institution\$17,362.19

Selkirk Hospital for Mental Diseases:

Produce supplied from Institution 15,742.23

Manitoba School, Portage la Prairie:

Produce supplied from Institution 10,740.52

Total	\$43,844.94
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SUNDRY REVENUE ACCOUNT

12 months' period ending December 31st, 1939.

Brandon Hospital for Mental Diseases\$ 65.34

Selkirk Hospital for Mental Diseases 320.16

Manitoba School, Portage la Prairie 843.35

Total	\$ 428.85
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Refunds to appropriation	6,402.68
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OCCUPATIONAL THERAPY ACCOUNT

12 months' period ending December 31st, 1939

Brandon Hospital for Mental Diseases	\$1,800.38
Selkirk Hospital for Mental Diseases	118.75
Manitoba School, Portage la Prairie	239.45
	<hr/>
Total	\$2,158.58
Total Revenue received on Maintenance Account	\$172,285.42
Total Revenue received on Farm Account	43,844.94
Total Revenue received on Sundry Revenue	428.85
Total Revenue received on Therapy Account	2,158.58
Total Revenue received on Refunds to Appropriation.....	6,402.68
	<hr/>
Grand Total	\$225,120.47

GENERAL REMARKS RESPECTING COLLECTIONS

A comparison of the total revenue for the year ending December the 31st, 1939 with the year ending December the 31st, 1938, will show a decrease of a considerable amount. This decrease is made up for the most part on Manitoba School collections which is occasioned by our new procedure of rendering accounts to the Municipalities semi-annually instead of annually.

The report for the year 1938 included collections for the whole of the year 1937, and one-half year for 1938, whereas this report takes in only collections for the last half of the year, 1938 and the first half of the year 1939. Consequently one-half year's revenue cannot be accounted for in this report as, for the last half of the year 1939, collections are not made until the beginning of 1940. It is therefore obvious that comparison in the total revenue does not show a true picture.

It may be mentioned that the aggregate revenue received from straight collections for the Brandon and Selkirk accounts and from the Administrator of the Estates of the Mentally Incompetent again shows a slight increase: Farm Revenue is down some \$3,000.00 and revenue from the Dominion Government for Soldier patients and Indian patients shows a decrease of some \$3,500.00. It is to be expected that revenue received from the Dominion Government for maintenance of Soldier patients will continue to decrease as the years go by, unless the present conflict results in a greater number of patients in this category, which we all hope sincerely will not be the case.

The problem of making collections for the hospitalization of mentally incompetent persons still continues to present its difficulties. Unfortunately, in many instances, the sickness that results in committals to Institutions is a culmination of a long protracted illness at home and consequently, where the patient is a wage earner, especially of the family, the capability of payment is definitely limited. We have continued the practice of ascertaining if possible, the capabilities of payment of those legally liable to pay immediately upon committal of the patient to the Institution. The relatives are approached tactfully, yet firmly, and each case is treated individually in accordance with the particular circumstances surrounding same. We have endeavored, in many instances, to secure monthly payments no matter how small, but at the same time recognize with sympathetic attitude the problem of maintenance

of those of the family at home. I think it right and proper to say that for the most part the citizens of this Province are anxious to pay hospitalization bills of this kind, if it is humanly possible to do so, and to them must be given considerable credit. There are, of course, cases where there is capability on the part of the relatives to pay, but who will not pay unless forced to do so; but I am pleased to say that in my opinion this type of relative is in the minority.

During the year the maximum charge for the maintenance of a patient in our Hospitals for Mental Diseases was raised from \$1.00 per day to \$1.25 per day. This increase, we believe, to be quite fair and businesslike, as there are patients who can be paid for at the full rate of \$1.25 per day without any hardship and as the cost exceeds \$1.00 per day per patient, there is no reason for this Province to lose this extra revenue in these instances.

During the year as Supervisor of Public Institutions, I have been called upon to assist other divisions of the Department of Health and Public Welfare on numerous occasions. I have handled several cases of collections for the "Child Welfare Division" and for the "Division of Hospitalization", and also assisted in the working out of some of the problems confronted by the division of "Social Assistance" in unorganized territory.

OLD AGE PENSIONS

During the year this Division has administered the pensions of seventy-five Old Age Pensioners. Fifty-seven of these are patients in the Home for Aged and Infirm, St. Boniface; twelve are patients in the Salvation Army Homes, and six are pensioners elsewhere. The following is a statement of receipts and disbursements of these accounts:

Balance in Bank, December 31st, 1938	\$ 5,225.13
Amount Pensions received	8,791.42
	<hr/>
	\$14,016.55
Personal Allowances	\$ 660.40
Refunded to Municipalities	1,571.50
Paid on Sundry Accounts	810.01
Placed in Consolidated Revenue	4,937.70
	<hr/>
	7,979.61
	<hr/>
	\$ 6,036.94
	<hr/> <hr/>

MANITOBA SCHOOL

During the year there were forty admissions to the Manitoba School, Portage la Prairie, making a total number of patients remaining in this Institution as at December the 31st, 1939, of 435. Speaking generally, satisfactory progress has been made with respect to collections on the Manitoba School accounts. During the year we were successful in clearing up several cases involving disputes between Municipalities as to liability by reason of residence of the patient. Several hearings were held before the Acting Municipal Commissioner in this connection. There are several Municipalities considerably in arrears yet, however, and special efforts are being made to reduce the number of these to a minimum.

In conclusion, I wish to take this opportunity to express to the Honourable Minister and yourself, my appreciation for direction and assistance in working out the various problems we have been met with during the past year, and also to commend to you, my staff, who have been most co-operative and loyal in their support.

Yours sincerely,

R. R. GOODWIN,

Supervisor of Public Institutions.

Division of Disease Prevention

INCLUDING

DIVISION OF HOSPITALIZATION

(Fiscal Year May 1, 1938 to April 30, 1939)

DIVISION OF PRIVATE HOSPITALS

DIVISION OF CARE OF AGED AND INFIRM

DIVISION OF COMMUNICABLE DISEASES CONTROL

DIVISION OF VENEREAL DISEASES CONTROL

DIVISION OF PUBLIC HEALTH NURSING SERVICE, AND

CENTRAL TUBERCULOSIS REGISTRY, AND

DENTAL CLINICS

DIVISION OF INDUSTRIAL HYGIENE

DIVISION OF FOOD CONTROL

DIVISION OF SANITATION

Report for Calendar Year 1939.

Division of Hospitalization

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Annual Report of the Division of Hospitalization for the fiscal year ending April 30th, 1939.

During the fiscal year ending April 30th, 1939, the Flin Flon General Hospital, Flin Flon, and the Ste. Rose Hospital, Ste. Rose du Lac, were designated as public hospitals, making a total of 44 public hospitals in the Province of Manitoba (See Form I.) No hospitals discontinued operation.

The standard financial annual returns which have been recommended by the Dominion Bureau of Statistics and the Canadian Hospital Council were distributed to the various hospitals to be used in their next annual report. The use of this new form will necessitate some changes in accounting methods, more so in some hospitals than in others. In order to obtain some idea as to the extent to which the hospitals, particularly the smaller ones, were prepared to use the new return, an arrangement was made with the Comptroller-General's Department to obtain an auditor's report on the hospital accounting methods. This survey covered 18 hospitals outside Greater Winnipeg. From information given in this report and from that obtained directly from the larger hospitals in the Winnipeg area, we were of the opinion that, with one or two exceptions, the hospitals would be able to supply the information requested in the new standard financial return. Where necessary the Department has given suggestions for setting up adequate accounting methods.

BED CAPACITY AND BED COMPLEMENT

The bed capacity of the public hospitals in Manitoba is reported as 4,598 beds, being 163 more than last year; the bed complement of 4,334 being an increase of 173.

	Capacity	Complement
Tuberculosis	739 beds	706 beds
Other infectious diseases	336 beds	336 beds
General	3,523 beds	3,292 beds
Total	<u>4,598 beds</u>	<u>4,334 beds</u>

HOSPITAL STAFF

Full-time Salaried Doctors	43
Part-time Salaried Doctors	34
Internes	74
Graduate Nurses	457
Student Nurses	758
Probationers	156
Dietitians—Graduate	19
Dietitians—Student	8
Orderlies	82
Medical Social Workers	5
Other Employees	1,232
<hr/>	
Total	2,868
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NURSES' TRAINING SCHOOLS

Nurses training schools are carried on in 16 general hospitals.

General Hospitals According to Capacity, and Their Training Schools

	100 beds or over	50 to 99 beds	Less than 50 beds	Total
Number of Hospitals	10	5	23	38
Number having a training school	10	3	3	16

INTERNES

Eleven hospitals give training to internes, and all but one of these hospitals are in Greater Winnipeg.

X-RAY

Eight hospitals have no X-Ray equipment. One of these is the Convalescent Hospital, the other seven are all small general hospitals of less than 30 beds capacity.

PATIENTS TREATED (See Form I.)

The 72,652 patients treated this year is an increase over the previous year.

Adult and Infant Patients Treated, 1935-1939

Year ending	Adults	Infants	Total
1935	61,124	6,236	67,360
1936	65,232	6,346	71,578
1937	71,001	6,461	77,462
1938	62,243	7,386	69,629
1939	64,541	8,111	72,652

The 8,111 infants is the largest number ever reported. These represent newborn infants; consequently it appears that over 58% of the births during this period occurred in our public hospitals (total births in Manitoba 13,855).

The following table shows the number of persons who were in the Manitoba Sanatorium or the Central Tuberculosis Clinic for diagnosis only and were not actually

admitted. These patients are not included in the figures for these sanatoria shown in Form I.

Patients in for Diagnosis Only

Central Tuberculosis Clinic	6,908
Manitoba Sanatorium	949
Total	<u>7,857</u>

HOSPITAL BEDS AND PATIENTS TREATED 1932-1939

Year	Population		Hospital Patients		Hospital Beds		Patients Admitted per 1,000 of the population
	Number	% of 1932 Figure	Number	% of 1932 Figure	Number	% of 1932 Figure	
1931-32	700,139	100.0	59,185	100.	3,890	100.	84
1932-33	702,322	100.3	59,243	100.	3,942	101.	84
1933-34	704,505	100.6	57,904	97.	3,973	102.	82
1934-35	706,688	100.9	67,360	113.	4,087	105.	95
1935-36	708,871	101.2	71,578	120.	4,150	106.	100
1936-37	711,056	101.5	77,462	130.	4,303	110.	108
1937-38	713,241	101.8	69,629	117.	4,435	113.	97
1938-39	715,426	102.1	72,652	123.	4,598	118.	101

HOSPITAL DAYS (See Form I and Table I.)

The total days accrued this year are somewhat more than last year. The percentage of Public and Private Ward days remains about the same, being 88% and 12% respectively.

TOTAL HOSPITAL DAYS, 1932-1939

Year	Number	% of 1932 Figures
1931-32	897,204	100.
1932-33	892,224	99.
1933-34	874,582	97.
1934-35	976,812	107.
1945-36	1,048,454	117.
1936-37	1,073,834	120.
1937-38	1,037,162	116.
1938-39	1,094,872	122.

This year the increase in the hospital days is accounted for almost entirely by those reported as being for tuberculosis. This increase in days accrued for tuberculosis patients is the greatest that has been reported in recent years.

AVERAGE DAYS' STAY (See Form I.)

The average days' stay in General Hospitals ranges from 6.38 to 16.1 days. Brandon General Hospital, with an average days' stay of 16.1, is the highest of any of the General Hospitals and has been so for four consecutive years.

BED OCCUPANCY (See Form I.)

In the tuberculosis Sanatoria this remains at a consistently high level—over 90%. In the other hospitals the bed occupancy varies greatly, from 22.2% to 90.27%.

DEATHS (See Form I.)

During this period, there were 2,282 deaths in these hospitals—3.1% of patients admitted.

RESIDENCE OF PATIENTS

There were 2,135 patients from outside Manitoba treated in these hospitals. This is 2.9% of total admissions.

CURRENT OPERATING COST (See Table III)

The total maintenance expenditure reported by all hospitals is \$2,840,070.45, which is equivalent to \$2.59 per patient day, an increase of 9c per day over the preceding year, and an increase of 23c per day over the figures given for the year ending in 1937.

CURRENT MAINTENANCE INCOME

Current maintenance income for all hospitals for this period is \$2,812,122.12, of which slightly over 50% is reported as coming directly from public funds. In considering this, however, it is pointed out that over 90% of the reported income of the Tuberculosis Sanatoria comes from public funds. A net profit is reported by 19 hospitals and a net loss by 25 hospitals.

STATUTORY GRANT (See Form III)

The total amount paid under this heading was \$387,439.60.

Under Section 3(2) of Part I of "The Hospital Aid Act", the statutory grant was discontinued for the following periods in these hospitals:

**Discontinued in 1937-1938—
Deducted in 1938-1939**

Convalescent Hospital	635
Grace Hospital	79
Shoal Lake Mun. Hospital	10
Souris and Glenwood Mem. Hosp.	160
St. Boniface Hospital	26
Total	910

**Discontinued in 1938-1939—
To be deducted in 1939-1940**

Convalescent Hospital	148
Grace Hospital	365
Sacred Heart Hospital	20
St. Roch's Hospital	1,677
Total	2,210

HOSPITALIZATION IN UNORGANIZED AND DISORGANIZED TERRITORY

Under Section 19 of Part II of "The Hospital Aid Act", agreements were entered into with the following hospitals:

St. Anthony's Hospital for \$10,000 per annum;
 Pine Falls Hospital for \$ 5,400 per annum;
 Hunter Hospital for \$ 3,000 per annum;
 Flin Flon Gen. Hospital for \$ 7,950.70 which covers the entire

liability of this Department to that hospital for a period of 3 years.

The amount paid for per diem maintenance by the Department is shown on Tables V and VI.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Division of Hospitalization.

FORM I. MANITOBA HOSPITALS—STATISTICS FOR FISCAL YEAR ENDING APRIL 30, 1939.

HOSPITAL	Bed Comple- ment	Number of Patients Treated		HOSPITAL DAYS		Total	Av. Days, Stay of Discharged Patients	Av. No. of Patients in Hospital Daily	% Bed Occupancy	No. of Deaths During Year	Death Rate
		Adult	Infant	Private	Public	Private	Public	Infant			
Bethania	26	263	107	370	2,174	---	1,051	3,225	9.	8.8	33.8
Bethel	28	543	165	708	4,010	31	1,357	5,423	7.7	14.86	53.
Bethesda	37	556	229	785	4,706	67	1,991	6,764	8.68	18.53	50.
Birtle Gen. (St. Mary's)	14	300	32	332	2,326	162	307	2,819	8.45	7.7	55.
Brandon General	176	1,975	213	2,188	27,994	5,141	2,195	35,821	16.1	98.13	55.75
Carman General	43	891	107	998	6,870	1,794	1,159	9,895	9.49	27.1	63.
Central T.B. Clinic	47	416	---	416	15,995	---	---	15,995	40.48	43.82	93.2
Children's	125	2,389	---	2,389	37,686	892	---	38,578	12.96	105.69	84.5
Concordia	58	653	115	768	1,815	3,586	452	6,578	6.8	18.	31.
Connalescent	50	209	---	209	11,223	---	---	11,223	46.94	30.75	61.5
Crerar	26	174	42	216	2,527	27	438	2,992	13.71	8.2	31.5
Dauphin General	108	2,038	232	2,270	19,257	1,656	1,641	22,856	9.73	62.62	57.9
Deloraine Memorial	22	715	74	789	5,148	20	781	5,959	7.5	16.33	74.2
E. M. Crowe Memorial	17	189	59	248	2,027	---	530	2,557	9.67	7.	41.2
Ethelbert General	18	160	41	201	1,393	---	375	1,768	8.84	4.84	26.9
Flin Flon General	50	190	54	244	1,032	275	355	1,753	7.71	12.43	24.8
(From Dec. 10/38, 141 days)											
Freemasons'	35	660	76	736	6,136	751	721	7,665	10.27	21.	60.
Gladstone	18	322	28	350	1,845	51	276	2,172	6.38	5.95	33.
Grace	219	2,801	842	3,643	36,776	4,534	6,314	49,475	13.14	135.55	61.9
Grandview	18	122	54	176	448	565	224	1,460	8.26	4.	22.2
Hamiota General	14	157	55	212	1,289	45	505	1,839	8.46	5.04	36.
Hunter	40	457	60	517	3,865	163	528	4,576	8.64	12.54	31.3
Lady Minto	18	374	95	469	2,844	229	925	3,998	8.55	10.95	60.8
Manitoba Sanatorium	289	527	---	527	102,804	---	---	102,804	364.46	281.65	97.5
Misericordia	267	5,224	905	6,129	39,178	12,257	9,208	61,786	9.95	169.28	63.4
Municipal	330	1,497	---	1,497	66,265	728	---	66,993	49.08	183.54	55.6
Neepawa General	36	685	105	790	5,157	791	910	6,950	8.89	19.04	52.8
Pine Falls	28	393	80	473	4,462	391	631	5,602	11.87	15.34	54.8
Portage la P. Gen.	77	1,377	247	1,624	12,187	1,929	1,773	16,272	10.01	44.58	57.9
Sacred Heart	45	852	92	944	7,645	712	835	9,224	9.58	25.27	57.2
Selkirk General	60	1,575	226	1,801	9,512	1,209	1,894	12,843	7.13	35.19	58.65
Shoal Lake Municipal	17	270	50	320	2,597	376	488	3,461	11.15	9.48	55.76
Souris and Glenwood M.	34	611	68	679	3,673	427	628	4,830	6.98	13.23	38.9

Swan River	26	351	43	394	23	3,557	---	394	3,974	9.97	10.89	41.88	9	2.3
St. Anthony's	88	1,310	115	1,425	1,317	14,789	---	1,221	17,327	11.37	47.47	53.94	32	2.2
St. Boniface General	500	11,939	1,369	13,308	17,281	125,542	979	12,231	156,033	12.19	427.49	85.5	411	3.1
St. Boniface San.	270	524	5	529	---	90,175	---	647	90,822	284.31	248.83	92.15	67	12.7
St. Joseph's	133	2,633	507	3,140	3,053	20,198	340	3,917	27,508	8.44	75.36	56.66	69	2.2
St. Roch's	106	925	24	949	7	21,839	---	424	22,270	23.29	61.01	57.5	29	3.1
Ste. Rose	40	126	14	140	15	1,025	---	120	1,160	7.62	14.14	35.35	3	2.1
(From Feb. 7/39, 82 days)														
Victoria	128	2,907	361	3,268	3,553	23,638	372	3,326	30,889	9.08	84.63	66.11	99	3.
Virden	23	430	76	506	356	2,916	100	658	4,030	7.94	11.04	48.	24	4.7
Vita General	26	562	122	684	---	4,513	---	1,181	5,694	8.30	15.6	60.	9	1.3
Winnipeg General	604	13,269	1,022	14,291	54,727	134,478	4,470	5,334	199,009	13.44	545.23	90.27	565	4.
	4,334	64,541	8,111	72,652	119,141	895,536	12,250	67,945	1,094,872					

MANITOBA HOSPITALS—FINANCIAL STATEMENT FOR FISCAL YEAR ENDING APRIL 30, 1939.

Hospital	Location	Total Income	Total Expenditure	Net Profit	Net Loss
Bethania	Altona	5,905.51	6,140.34	1,805.77	234.83
Bethel	Winkler	8,374.86	6,569.09	407.23	
Bethesda	Steinbach	9,828.05	9,420.82		
Birtle General (St. Mary's)	Birtle	5,572.11	6,965.71		1,393.60
Brandon General	Brandon	90,241.69	92,102.39		1,860.70
Carman General	Carman	26,253.42	23,390.01	2,863.41	
Central Tuberculosis Clinic	Winnipeg	34,792.74	40,480.72		5,687.98
Children's	Winnipeg	137,854.54	136,604.16	1,250.38	
Concordia	Winnipeg	22,488.24	22,883.97		395.73
Convalescent	Winnipeg	12,985.25	12,725.37	259.88	
Crerar	Winnipegosis	5,997.05	5,958.54	38.51	
Dauphin General	Dauphin	44,605.49	46,839.95		2,234.46
Deloraine Memorial	Deloraine	16,923.35	14,578.76	2,344.59	
Elizabeth M. Crowe Memorial	Eriksdale	6,280.80	6,209.04	71.76	
Ethelbert General	Ethelbert	7,703.74	7,719.47		15.73
Flin Flon General (141 days)	Flin Flon	5,972.21	7,002.70		1,030.49
Freemasons'	Morden	19,308.60	21,738.22		2,429.62
Gladstone	Gladstone	4,823.65	4,496.33	327.32	
Grace	Winnipeg	103,938.32	105,064.77		1,128.45
Grandview	Grandview	2,055.15	2,042.01	13.14	
Hamiota General	Hamiota	6,785.51	4,628.67	2,156.84	
Hunter	Teulon	11,883.05	11,839.16	43.89	
Lady Minto	Minnedosa	9,122.76	8,022.99	1,099.77	
Manitoba Sanatorium	Ninette	213,375.69	225,137.19		11,761.50
Misericordia	Winnipeg	191,351.70	236,034.78		34,683.08
Municipal	Winnipeg	55,222.19	321,047.95		265,825.76
Neepawa General	Neepawa	17,588.49	18,650.50		1,062.01
Pine Falls	Pine Falls	13,852.67	20,279.67		6,427.00
Portage la Prairie General	Portage la Prairie	40,744.87	39,727.76	1,017.11	
Sacred Heart	Russell	16,213.00	14,137.51	2,075.49	
Selkirk General	Selkirk	28,080.01	23,530.95	4,549.06	
Shoal Lake Municipal	Shoal Lake	8,382.63	7,752.74	629.89	
Souris and Glenwood Memorial	Souris	17,865.03	17,896.36		31.33
Swan River	Swan River	12,688.02	8,326.18	4,361.84	
St. Anthony's	The Pas	47,677.10	49,764.42		2,087.32
St. Boniface General	St. Boniface	495,713.71	541,159.84		45,446.13
St. Boniface Sanatorium	St. Vital	227,372.28	247,056.01		19,683.73

St. Joseph's	-----	Winnipeg	-----	62,734.37	74,717.92	-----	11,983.55
St. Roch's	-----	St. Boniface	-----	43,325.23	52,573.25	-----	9,248.02
Ste. Rose (82 days)	-----	Ste. Rose du Lac	-----	2,737.98	3,729.67	-----	991.69
Victoria	-----	Winnipeg	-----	63,232.82	66,709.27	-----	3,476.45
Virden	-----	Virden	-----	11,575.02	11,025.53	549.49	-----
Vita General	-----	Vita	-----	15,482.91	18,059.04	-----	2,576.13
Winnipeg General	-----	Winnipeg	-----	661,729.94	686,998.29	-----	25,268.35
				\$2,846,639.75	\$3,287,738.02	\$25,865.37	\$456,963.64

FORM III.

DIVISION OF HOSPITALIZATION

STATUTORY GRANT AND PER DIEM MAINTENANCE EXPENDITURE

For Fiscal Year Ending April 30th, 1939.

Hospital	Hospital Aid Act, Statutory Grants	Special & Building Grants	Per Diem Mtce. Payments	Transport- ation	Burial Payments	Total
Bethania	\$ 646.20	\$	\$ 6.00	\$	\$	\$ 652.22
Bethel	1,620.80					1,620.80
Bethesda	1,605.00		222.75			1,827.75
Birtle Gen. (St. Mary's)	980.20		9.00			989.20
Brandon General	10,120.30		345.00			10,465.30
Carman General	2,603.30		844.15			3,447.45
Central T.B. Clinic	10,818.50		4,430.10	27.50		15,276.10
Children's	13,723.90		2,903.50	1.05		16,628.45
Concordia			31.50			31.50
Convalescent	4,344.80		501.00			4,845.80
Crerar	1,036.50		897.50			1,934.00
Dauphin General	7,423.50		3,362.40	10.50	40.00	10,836.40
Deloraine Memorial	2,104.60		118.50			2,223.10
E. M. Crowe Memorial		750.00	397.00	.50		1,147.50
Ethelbert General	641.90		203.25		22.80	867.95
Flin Flon General			7,950.70			7,950.70
Freemasons'	2,701.60		31.50			2,733.10
Gladstone	519.80		324.75	4.00		848.55
Grace	15,922.60		431.25			16,353.85
Grandview	196.40					196.40
Hamiota General		300.00	15.00			315.00
Hunter	3,000.00					3,000.00
Lady Minto	1,211.80					1,211.80
Manitoba Sanatorium	51,824.50		20,781.00			72,605.50
Misericordia	14,324.90		957.75			15,282.65
Municipal	31,175.10		4,980.80	2.40		36,158.30
Neepawa General	2,042.00		548.75			2,390.75
Pine Falls	5,400.00					5,400.00
Portage la Prairie Gen.	5,399.50		628.65			6,028.15
Sacred Heart	2,669.10					2,669.10
Selkirk General	4,387.70		105.75			4,493.45
Shoal Lake Municipal	1,241.60		512.50			1,754.10
Souris and Glenwood Mem.	1,575.60		144.00			1,719.60
Swan River	1,343.00		446.90			1,789.90
St. Anthony's	10,000.00					10,000.00
St. Boniface General	49,133.20		18,583.10	29.40		67,745.70
St. Boniface San.	37,876.40	7,472.00	29,810.40	29.13		75,187.93
St. Joseph's	9,363.40		1,021.75			10,385.15
St. Roch's	8,881.60		2,622.10	8.62		11,512.32
Ste. Rose			284.50			284.50
Victoria	9,566.40		863.25			10,429.65
Virden	1,690.80					1,690.80
Vita General	1,773.20		1,758.00			3,531.20
Winnipeg General	56,549.90	14,030.00	12,936.15	61.83		83,577.88
St. Roch's (Special)			372.90			372.90
Mount Carmel Clinic		500.00				500.00
Warroad, Minnesota			46.50			46.50
Transportation				60.90		60.90
Burials					2,365.00	2,365.00
	\$387,439.60	\$23,052.00	\$120,229.60	\$235.83	\$2,427.80	\$533,384.83

TABLE NO. I.

Year	Total Patients Treated	Hospital Days			Public Ward Days % of Total
		Public	Private	Total	
1935 -----	67,360	793,186	183,626	976,812	81.
1936 -----	71,578	926,987	121,467	1,048,454	88.4
1937 -----	77,462	946,705	127,129	1,073,834	88.2
1938 -----	69,629	907,259	129,903	1,037,162	87.5
1939 -----	72,641	963,481	131,391	1,094,872	88.

TABLE NO. II.

Hospital	1935		1936		1937		1938		1939	
	Days	%	Days	%	Days	%	Days	%	Days	%
Isolation.....	85,773	8.8	95,297	9.1	112,059	10.4	82,451	8.	47,467	4.3
T.B. San.....	188,808	19.3	199,786	19.	202,860	18.9	193,383	18.6	251,417	23.
General ----	702,231	71.9	753,371	71.9	758,915	70.7	761,328	73.4	795,988	72.7
	976,812		1,048,454		1,073,834		1,037,162		1,094,872	

TABLE No. III.

OPERATING COST PER PATIENT DAY FOR ALL HOSPITALS

1935 ---	(Salaries 47.6%	Food 17.7%	Supplies and Sundries 34.7%)
	(\$2.29)		
1936 ---	(Salaries 46.7%	Food 18.6%	Supplies and Sundries 34.7%)
	(\$2.24)		
1937 ---	(Salaries 46.6%	Food 18.8%	Supplies and Sundries 34.6%)
	(\$2.36)		
1938 ---	(Salaries 45.4%	Food 19.1%	Supplies and Sundries 35.5%)
	(\$2.50)		
1939 ---	(Salaries 48.6%	Food 17.7%	Supplies and Sundries 33.7%)
	(\$2.59)		

TABLE No. IV.

MAINTENANCE COST PER PATIENT DAY AND ANNUAL COST PER BED
For Fiscal Year Ending April 30th, 1939

Hospital	Daily Cost Per Patient	Yearly Cost Per Bed
Bethania	\$1.54	\$ 190.44
Bethel	1.04	201.32
Bethesda	1.01	185.47
Birtle General (St. Mary's)	2.41	484.34
Brandon General	2.09	424.84
Carman General	2.27	523.48
Central Tuberculosis Clinic	2.53	861.29
Children's	3.41	1,053.76
Concordia	3.00	340.27
Convalescent	1.10	247.34
Crerar	1.21	139.33
Dauphin General	1.86	394.11
Deloraine Memorial	2.45	662.67
Elizabeth M. Crowe Memorial	2.31	347.00
Ethelbert General	4.37	428.86
Freemasons'	2.44	533.48
Gladstone	1.63	196.44
Grace	2.05	462.39
Grandview	1.40	113.45
Hamiota General	2.52	330.62
Hunter	2.59	295.98
Lady Minto	2.01	445.72
Manitoba Sanatorium	2.19	778.99
Misericordia	2.68	619.11
Municipal	3.18	645.14
Neepawa General	2.20	424.11
Pine Falls	3.05	610.70
Portage la Prairie General	1.99	420.46
Sacred Heart	1.05	215.72
Selkirk General	1.72	368.50
Shoal Lake Municipal	2.01	408.69
Souris and Glenwood Memorial	3.27	464.28
Swan River	1.93	295.26
St. Anthony's	2.20	432.80
St. Boniface General	3.01	939.51
St. Boniface Sanatorium	3.32	747.96
St. Joseph's	2.16	447.52
St. Roch's	1.89	396.47
Victoria	1.98	478.74
Virden	2.74	479.37
Vita General	2.77	606.85
Winnipeg General	3.27	1,078.86

TABLE No. V.

DIVISION OF HOSPITALIZATION

PER DIEM MAINTENANCE CLASSIFIED ACCORDING TO PATIENTS'
RESIDENCE

For Fiscal Years ending 1935-1939.

Year	Unorganized	No fixed abode	Relief Cases	Non- Resident	Insti- tutional	Special	Total
1935	71,136.65	7,704.60	6,166.55	4,902.20	3,077.40	234.81	93,222.21
1936	80,403.49	7,080.12	9,601.00	4,461.20	1,217.50	279.01	103,042.32
1937	77,743.73	9,988.23	8,084.30	3,056.89	1,152.00	515.25	100,540.40
1938	88,746.87	9,403.30	9,232.75	3,206.25	959.40	122.95	111,671.52
1939	107,245.95	11,339.10	7,374.40	5,403.95	592.35	372.90	132,328.65

TABLE No. VI.

DIVISION OF HOSPITALIZATION

PER DIEM MAINTENANCE IN TYPES OF HOSPITALS

For Fiscal Years ending 1935-1939.

Year	General Hospitals	Isolation	T. B. Sanatoria	Total
1935	47,361.45	6,053.81	39,806.95	93,222.21
1936	59,703.45	8,486.16	34,852.71	103,042.32
1937	51,003.48	8,410.27	41,126.65	100,540.40
1938	59,731.22	8,690.70	43,249.60	111,671.52
1939	69,331.37	7,975.80	55,021.50	132,328.67

Private Hospitals

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the following report of Hospitals operating under "The Act Respecting Private Hospitals" in the Province of Manitoba for the year ending December 31st, 1939.

A total of twelve institutions received a License during the year, and certain details concerning these are set out in the accompanying Table.

The Private Hospital of Dr. H. Matas at Morris was closed in November, 1939, as Dr. Matas left Morris to take a position elsewhere.

The Private Hospital operated at Sherridon by Dr. A. E. McGregor was licensed on February 25th, 1939, and continued to operate during the year.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Division of Hospitalization.

PRIVATE HOSPITALS LICENSED IN MANITOBA

During the Year Ending December 31st, 1939.

Hospital	Address	Bed Accommodation	Patients Treated During Year
Mrs. L. C. Allan	Holland	3	50
Mrs. T. Ruby Couch	211 Mayfair Avenue, Winnipeg.	13	51
Dr. E. H. Duncan, Operated for San Antonio Gold Mines Limited.	Bissett	6	25
Dr. M. R. Fargey	Bowsman	5	19
Dr. P. B. Guttormsson, Operated for the Hudson Bay Mining and Smelting Company, Limited.	Flin Flon	14	599
Miss L. G. Halladay	Boissevain	4	30
Miss Mae Lambkin	Roblin	6	129
Dr. H. Matas	Morris	5	49
Miss Bessie E. S. Morse, Operated as Wood Sanatorium	47 Cornish Avenue, Winnipeg.	9	32
Dr. A. E. McGregor	Sherridon	5	120
Drs. McIvor and Halldorson, Operated for the Duke- Fingard Inhalation Treatment	165 Maryland Street	24	189
Dr. P. C. Robertson,	Flin Flon	8	20

Care of Aged and Infirm

Under "An Act Respecting the St. Boniface Home for Aged and Infirm"
and Order-in-Council Number 1214/35.

For Twelve Months from January 1st, 1939, to December 31st, 1939

Dr. F. W. Jackson,
Deputy Minister of Health and Public Welfare,
Legislative Building,
Winnipeg, Manitoba.

Sir:

I beg to submit the following report in connection with the care of aged and infirm under the above mentioned authority.

There have been received during the Calendar Year 216 applications for admission to various institutions, of which 40 were referred to the Waiting List, 5 still remain incomplete, that is, further information has been requested concerning the patients, or the applications have been referred for inspection of the homes for permit, as required by the Regulations under the Provincial Board of Health.

There were 29 applications refused.

A total of 166 applications were accepted for admission to the various homes and institutions. These figures indicate that 24 of these admissions were applications that had been received prior to the Calendar Year under review.

The 166 accepted applications were disposed of as follows:

Admissions, St. Boniface Home for Aged and Infirm, St. Boniface.....	78
" Sunset Lodge, West Kildonan	3
" Eventide Home, Brandon	2
" Incurable Ward, Middlechurch Old Folks' Home, West St. Paul	3
" Private Boarding Homes and other Private Institutions....	80

Patients remaining in Institutions and Homes as at December 31st, 1939, and amount of grant paid between January 1st, 1939, and December 31st, 1939:—

Institution or Home	From Winnipeg	From Other Municipali- ties	Unorgan- ized	Total Number Patients	Amount of Grant Paid
St. Boniface Home for Aged and Infirm----	88	137	41	266	\$38,957.39
Sunset Lodge, West Kildonan	19	7	1	27	3,273.60
Eventide Home, Brandon	3	7	8	18	3,846.50
Middlechurch Old Folks' Home, West St. Paul	2	----	----	2	442.75
Private Boarding Homes and Other Private Institutions	100	72	6	178	17,909.87
Total	212	223	56	491	\$64,430.11

During the 12 months' period under review, the number of patients remaining under care at the end of the year was 491, being 50 less than reported at December 31st, 1938. This is accounted for largely by the fact that the grant was discontinued for various reasons for 49 patients. All but one of these 49 had been in private boarding homes.

It naturally follows that many cases falling within this category develop as problems while undergoing treatment in the general hospitals. In order to reduce this period of hospitalization to a minimum, it is now possible to move such patients out of hospital to an institution or private boarding home just as quickly as may be advisable.

During 1939 there were 121 cases transferred directly from the general hospitals to institutions or homes suitable for the care of these patients.

Respectfully submitted,

C. R. DONOVAN, M.D.,

Division of Hospitalization.

Division of Communicable Disease

Dr. C. R. Donovan,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on the Division of Communicable Diseases, for the year ending December 31st, 1939.

The total number of notifiable diseases reported, exclusive of cancer and venereal diseases, was 7808. This is a decline of nearly 1792 cases from the figure of 9,510 in the year 1938. The bulk of this decline is 1,155 less cases of chickenpox this year, and 1,354 less cases of mumps. These minor diseases do vary greatly as in some years they are more epidemic than in others. Anterior poliomyelitis is very definitely less this year, and scarlet fever also shows a decrease. Diphtheria is still on the upward trend, and measles, smallpox, typhoid fever and whooping cough all show an increase as indicated in Table No. 2. Table No. 1 shows in comparison the cases and deaths in 1938 and 1939.

Anterior Poliomyelitis: It is very gratifying to be able to report that only twenty-four cases of this disease were reported in 1939, which is only 15% of the number of cases in 1938, 9% of the cases in 1937, and 4% of the 1936 total. The number of cases reported in 1935 were 23. The case rate per 100,000 population is 3.3. The distribution of cases is as follows:

Winnipeg	8
Suburban municipalities	1
St. Boniface	1
Brandon	2
Rural Areas	12

The cases from rural areas were distributed throughout the province. Fifteen were males and nine were females. Only two were over sixteen years of age. Of the twenty-four cases reported, two died (8.3%), six have residual paralysis (one slight), fifteen recovered completely and for one case reported to us in November, 1939, we have not yet received the doctor's report as to the patient's present condition. Of the six with residual paralysis, three are already on treatment, two are awaiting admission to the Children's Hospital, and the one with only slight paralysis is under the supervision of her local doctor.

Report on 211 Cases of Residual Paralysis Investigated since January, 1938.

In January, 1938, this Department offered three weeks' hospitalization, or its equivalent in physic therapy treatments, in the Children's Hospital to enable any of these cases to be investigated so that necessary treatment could be determined and outlined. The provision of the first supply of necessary splints, braces, special boots, etc. for each patient so investigated was also undertaken.

Two hundred and sixteen names of cases were given us but five of these we have

not been able to locate up to the present so these five have been excluded from this report and 211 considered.

Table A shows that 134 cases are being or have been treated at the Children's Hospital; 41 at other hospitals or under private physicians; one died during the period of treatment and 35 are awaiting admission to the Children's Hospital. Five of these 35 have not been heard from since application was made for their admission. Several persons left treatment and refused to return, but as they had received some treatment and training and we were able to ascertain their present condition, they were classified and included in this survey.

TABLE "A"

ANTERIOR POLIOMYELITIS CASES WITH RESIDUAL PARALYSIS
TREATMENT

		Number of Cases
Under Treatment	At Children's Hospital	134
	At other hospitals and under private physicians	41
Died	While under treatment	1
Awaiting admission to Children's Hospital	Heard from	30
	Not heard from	5
Total		211

TABLE "B"

CASES CONSIDERED NORMAL OR NEARLY NORMAL AFTER TREATMENT
FOR RESIDUAL PARALYSIS DUE TO ACUTE
ANTERIOR POLIOMYELITIS

	Number	Percent.
No paralysis remaining	19	16.4
Some paralysis remaining	1	.9
Facial paralysis only, remaining	4	3.4
Slight paralysis of one extremity only.....	48	41.4
Moderate paralysis of one extremity only	44	37.9
Total	116	100.00

TABLE "C"

CASES CONSIDERED DISABLED OR CONSIDERABLY DISABLED AFTER
TREATMENT FOR RESIDUAL PARALYSIS DUE TO ACUTE
ANTERIOR POLIOMYELITIS

	Number	Percent.
Marked paralysis of one extremity	14	24.6
Paralysis of two extremities	33	57.9
Paralysis of three extremities	7	12.3
Paralysis of four extremities	2	3.5
Moderate paralysis of both sides of the trunk	1	1.7
Total	57	100.00

TABLE "D"

SUMMARY OF PRESENT CONDITION OF THOSE TREATED FOR RESIDUAL PARALYSIS DUE TO ACUTE ANTERIOR POLIOMYELITIS

	Number	Percent.
Cases considered normal or nearly normal.....	116	65.9
Cases considered disabled or considerably disabled	57	32.4
Present condition unknown	2	1.1
Died while under treatment	1	.6
Total	176	100.00

Looking at Table "B" we find that 19 cases or 16.4% of this group have no paralysis remaining; 1 or 0.9% have "some" paralysis remaining (doctor's report); 4 or 3.5% have only facial paralysis; 48 or 41.4% have slight paralysis of one extremity only and 44 or 37.9% have moderate paralysis of one extremity only. Thus 116 or 65.9% of the total treated (see Table "D") are considered normal or so nearly normal that their disability will not be a barrier against their being able to earn a living.

Table "C" shows that 14 or 24.6% of this group have marked paralysis of one extremity; 33 or 57.9% have paralysis of two extremities; 7 or 12.3% have paralysis of three extremities; 2 or 3.5% have paralysis of four extremities and 1 or 1.7% has moderate paralysis of both sides of the trunk. So 57 or 32.4% of the total treated (see Table "D") are considered disabled or sufficiently so that they will have difficulty in carrying on their existence unaided and may require assistance at some time during their lives. The present condition of two or 1.1% is unknown and one died during the period of treatment.

Since December 31st, 1935 a total of 983 cases of Anterior Poliomyelitis has been reported. From this group of cases we now have 57 considered disabled, and 35 awaiting admission for treatment. Several of these 57 will still make some improvement. On the 35 awaiting treatment we will make a report next year. Since January 1st, 1938 up to December 1st, 1939, the Department has spent \$3,100.50 on hospitalization of these residual paralysis cases, and \$1,017.99 on splints, special boots, braces, and mechanical appliances for them, under the plan.

On account of the long periods of time spent in the hospital, and as many of these patients are of school age, Mrs. Emily Priest was engaged in February, 1939, to teach these children with residual paralysis. Her report dated January 12th, 1940 is as follows:

The Children's Hospital School—

From February 6th, 1939 to January 12th, 1940.	
No. of children who have been in school during the above period.....	38
No. of children who have gone home	18
No. on list now	20
No. of children that have been working during entire period	11
No. of children that worked for 6 months and over	6
No. of children that worked for varying periods from a few weeks to six months	21
No. of children who had never attended any school	9
The average number working at any time	18

Of the above children doing school work now the grades are as follows:

Grade VII	4	Grade III	3	
Grade VI	1	Grade II	1	
Grade V	1	Grade IA	1	
Grade IV	7	Beginners	2	Total 20

All the children taking school work had been out of school for periods varying from one week to three years.

Those children who have worked during the entire year excepting when out for observation or operations have completed the work of their grade and are well on with the work of the grade above.

One boy who has been in the hospital for three years and had never been to school is now doing Grade III work.

An Indian boy who could scarcely speak any English when admitted 1½ years ago and had never attended school has almost completed Grade II work.

Five who returned to school at home were able to go into a grade ahead of where they left off. They had been in the school for about 6 months.

The children are very keen about their school work, and any parents that I have met are very interested in the progress of their studies.

Dr. G. S. Williams, Superintendent of the Children's Hospital, adds to this report of Mrs. Priest: "That of the 20 children now receiving education we estimate further treatment will be required as follows: Six for at least six months; six for at least three months; and one for at least two months. On our waiting list are six children of school age who may be admitted during the coming year. The children are very keen and it improves their morale to such an extent that undoubtedly better results are obtained from their treatments. The parents are also keenly interested, and it is no doubt a factor in our being able to obtain consent for hospitalization for these long stay cases."

Cerebrospinal Meningitis: Only five cases of this disease were reported in 1939, which is below the average for the past six years. The incidence of this disease remains at a fairly constant level.

Chickenpox: Only 1,429 cases of this disease were reported in 1939; 500 in Winnipeg and 929 in the rest of the province. Compared with last year's figures of 2,582 cases, of which 1,860 were in Winnipeg, this points out a slight increase in the area outside of Winnipeg but a very marked decrease in Winnipeg as the number of susceptibles was lowered by last year's epidemic.

Diphtheria: 283 cases of this disease were reported in 1939. This is an increase of nearly 50 cases over last year's report and emphasizes the need for increased immunization. There were 160 cases in Winnipeg, 21 in Hanover Municipality, 20 in St. Clements, 10 in Bifrost, 8 in Rhineland and 6 in the Town of Selkirk. The balance of 58 cases was distributed over the province in small numbers. The large increase was in Winnipeg, there being 73 more cases than last year.

The incidence of this disease during the year as shown in Table No. 3 has slipped back to its usual of being highest between birth and nine years and the death rate

highest in the younger age groups. The percentage of cases dying between the years 0 - 4 is 12.5.

A summary of diphtheria in Manitoba from 1928 to 1939 will be found in Table No. 6. The approximate number of immunizations distributed in the form of diphtheria toxoid over a ten year period is shown in Table No. 4. Table No. 5 shows a comparison between Winnipeg and the balance of the province as to cases, deaths and case fatality rates.

Erysipelas: We had 99 cases of this disease reported in 1939. This is slightly more than in 1938 and slightly over the six year average.

Encephalitis Lethargic: Only one case of this disease was reported in 1939, which resulted in death. In addition eight deaths were reported of cases from previous years.

Encephalitis: Only four cases were reported this year. They were mild and no deaths occurred.

Measles: These are a little higher in number than last year but not one half of what they were in 1937 and only one tenth of what they were in 1934.

Mumps: 1,095 cases were reported in 1939 which is less than half the number in 1938 and considerably below the average for the preceding five years.

Ophthalmia Neonatorum: There was only one case of this disease reported in Manitoba in 1939. The mother came from an adjoining province where she had been on treatment for venereal disease for some time. Her baby was born in a farm home without any doctor attending. The baby contracted the disease, was taken to a doctor two days later and treated successfully. However, after returning home it died of asphyxia due to a congenital defect. The proper application of prophylactic drops would have prevented even this single case and we are encouraging their use for every new born baby.

Puerperal Fever: There were seven cases reported in 1939. This is two more than in 1938 but still shows a very marked improvement over the years before 1934. Increased activity as regards maternal hygiene during the past five years has accounted for the lower incidence.

Scarlet Fever: 1,106 cases were reported. This is a decrease of 269 from 1938 and is the least number reported in any year of the past six. We feel that this is due to the number of immunizations carried out against this disease in the past few years.

Smallpox: We had 76 cases of this disease reported in 1939. This is forty more than last year and was due to an epidemic in the western part of the province. Shell River had 4 cases and Roblin Town 3 in January and then Swan River Rural had 22, the Town of Swan River 3, Boulton 25, Minitonas 11, Dauphin 2 and single cases in six municipalities. There have been no new cases since July and there were no deaths.

Septic Sore Throat: Only 13 cases were reported this year which is just half the number last year. There were only two deaths. This is a great improvement. It is still thought that this disease and Scarlet Fever have a very close relationship.

Trachoma: 55 cases were reported. These were made up largely of families of Mennonites. Hanover had 12 cases, Morris 24, Rhineland 8, Ste. Anne 2, Stanley 2, and seven municipalities or unorganized territories with one case each. When one

case gets into a family it has usually infected the balance of the family before it has been discovered. In large families this means a great increase in the number of cases.

Tuberculosis: Exclusive of treaty Indians, there were 570 cases reported during 1939. This is an increase of 17 cases over last year but 12 less than in 1937 and just above the average for the past five years. There were only 230 deaths which is the least number recorded in the past thirteen years, as shown in Table No. 7.

Typhoid Fever: The number of cases reported in 1939 was 132, the number of deaths 15. The case fatality rate was 11.4%. As there were 80 cases in 1938 this shows an increase of 52 cases. This increase is explained by the epidemic of 50 cases, presumably from one source, at Selkirk. The average for the past five years preceding 1939 has been 79.2 cases, so again we see that but for this epidemic we would have been only three over the five year average.

Of these 132 cases, five occurred in Winnipeg and 127 in the balance of the province, showing the benefit of a controlled water and sewerage system. Of these 127 cases occurring outside of Winnipeg 56 were residents of sewerage and water areas but 50 of these 56 also used water from sources other than the municipal system. Seventy-one cases were from definitely rural areas. The greatest incidence of the disease occurred in April and May when the epidemic at Selkirk was at its height.

Outside of Winnipeg 23 municipalities had cases, while unorganized territory accounted for 14 cases.

The municipality of Tache had only three cases this year, whereas it had nine last year. This is due probably to a general clean up in sanitation and to typhoid vaccination. Hanover had six cases this year compared to ten last year; Ste. Anne seven this year, four last year; DeSalaberry four this year, three last year: a total of twenty cases for this area compared to twenty-six last year. The municipality of St. Clements had ten cases this year compared with no cases last year, therefore this area will probably require our attention in 1940.

The epidemic in Selkirk consisted of fifty cases and there were seven deaths due to it. These are the fifty cases referred to above as being in a water and sewerage area but as also using water from sources other than the municipal system. Forty-seven were primary cases and the other three were secondary. Of the three secondary cases, one was the daughter of a case, one the wife of a case and one the fiancée of a case. The forty-seven primary cases drank or used water for bathing which did not come from the municipal system. There were two cases in March (toward the end of the month), twenty-six in April, nineteen in May, two in June and one in August. The one in August was the wife of a primary case. She had refused to be vaccinated against typhoid and it is considered that she became infected from her husband. There have been no more cases in Selkirk since August, and as all sanitary precautions have been carried out we do not anticipate any new cases. The second case which developed in March had typhoid fever once before in Ontario in 1907.

Toward the end of December a small epidemic occurred in the Rural Municipality of Roblin, centering around the village of Mather. There have been seven definite cases and no deaths. This epidemic is being thoroughly investigated at the present time and although we have made some progress we cannot as yet report our conclusions.

Undulant Fever: In 1939 there were four cases of this disease reported. Three

were from Winnipeg and one from Brenda Municipality. Raw milk was used in all cases.

Whooping Cough: 1,296 cases were reported last year, which is an increase of 313 over the number in 1938 and is approximately the average for the past five years. There were 24 deaths, of which 16 were under one year of age (shown in Table No. 11). This shows, as usual, the high mortality in young infants.

Cancer: 1,207 cases were reported and of these 633 or 52% died during 1939. The total number of deaths for the year from cancer was 839. The number of cases and the percentage of deaths among males was higher than among females. The stomach was involved more frequently than any other single organ and showed a case fatality rate of 75%. Over twice as many males as females had the stomach involved but the case fatality rate was approximately the same. In females, cancer of the generative organs, including the breast, accounted for 45% of the total cases reported among females. In males, less than 10% of the cases were due to cancer of the generative organs but 25% were due to stomach. The greatest number of cases of cancer occurred over the age of 60 years and the fatality was also greatest in these years. Between the ages of 40 and 59 inclusive there were 399 cases and 170 deaths, whereas under 40 there were only 93 cases and 40 deaths.

Immunization: Again in 1939 many municipalities continued their efforts towards immunization of susceptible persons against Smallpox, Diphtheria, Scarlet Fever and Typhoid Fever. Table No. 13 shows the amounts of biologics distributed in 1938 and 1939.

As both Smallpox and Diphtheria have increased in 1939, further efforts must be made in 1940 to render our population immune to these diseases. Almost 100% of cases occur among those who have not been immunized or whose protection has decreased through length of time, therefore the value of these protective measures has been fully demonstrated.

Respectfully submitted,

MAXWELL BOWMAN, M.D., D.P.H.,

Acting Epidemiologist.

Disease	1938			1939		
	*Cases	Deaths	Treaty Indian Deaths	**Deaths per 100,000	*Cases	†Preliminary Deaths
Anterior Poliomyelitis -----	159	12†	1	1.4	24	4††
Cerebrospinal Meningitis -----	9	4	---	.5	5	4
Chicken Pox -----	2,582	3	---	.4	1,429	---
Diphtheria -----	234	14	2	1.9	283	11
Erysipelas -----	87	8	---	.9	99	4
Influenza -----	107	103	10	12.4	352	134
Lethargic Encephalitis -----	2	5††	---	.6	1	9***
Encephalitis -----	25	8	---	1.1	4	---
Measles -----	749	1	2	.1	1,072	4
German Measles -----	34	---	---	---	26	---
Mumps -----	2,449	---	---	---	1,095	---
§Pneumonia, Lobar -----	---	---	---	---	119	100
Ophthalmia Neonstorum -----	5	---	---	---	1	---
Puerperal Fever -----	5	3	1	.4	7	5
Scarlet Fever -----	1,373	5	1	.8	1,106	5
Septic Sore Throat -----	26	9	---	1.2	13	3
Smallpox -----	36	---	---	---	76	---
Trachoma -----	6	---	---	---	55	---
Tuberculosis -----	553	242	131	33.6	570	230
Typhoid Fever -----	78	11	---	1.5	132	15
Typhoid Para Typhoid -----	4	---	---	---	---	1†*
Undulant Fever -----	4	---	---	---	4	---
Whooping Cough -----	983	21	11	2.9	1,296	24
Tetanus -----	---	1	---	.1	8	7
Amoebic Dysentery -----	---	---	---	---	1	1
Totals -----	9,510	451	159	---	7,808	561
Diphtheria Carriers -----	24	---	---	---	76	---
Typhoid Carriers -----	---	---	---	---	1	---
Cancer -----	1,387	753	6	105.3	1,207	839

*Cases do not include Treaty Indians.

†Preliminary report only on deaths and cases for 1939.

†1938 Poliomyelitis deaths include 1937 case (1).

††1939 Poliomyelitis deaths include 2 old cases.

†*1939 Typhoid Para Typhoid death was case infected outside of Province.

**Death Rates do not include Treaty Indians.

§Lobar Pneumonia not reportable in 1938.

††1938 Lethargic Encephalitis deaths include 3 old cases.

***1939 Lethargic Encephalitis deaths include 6 old cases.

Population used for 1939—717,645.

TABLE No. 2.
REPORTED CASES OF 12 COMMUNICABLE DISEASES—
MANITOBA—1934 to 1939.

Disease	1934	1935	1936	1937	1938	1939
Anterior Poliomyelitis	10	23	539	261	159	24
Chicken Pox	1,971	2,218	1,533	1,816	2,582	1,429
Diphtheria	473	276	174	105	234	283
Erysipelas	22	94	122	91	87	99
Influenza	119	239	290	18,571	107	352
Measles	10,688	5,176	7,822	2,839	749	1,072
Mumps	275	3,034	1,202	352	2,449	1,095
Scarlet Fever	1,169	1,195	2,653	1,342	1,373	1,106
Smallpox	2	-----	-----	-----	36	76
Tuberculosis	499	525	602	582	553	570
Typhoid Fever	89	81	102	44	80	132
Whooping Cough	1,070	1,505	422	2,012	983	1,296

TABLE No. 3.
DIPHThERIA—MANITOBA, 1939
Cases, Deaths, Case Fatality Rate for Each Age Group (Exclusive of Winnipeg)

Age Group	Cases	Deaths	% of Deaths
0 - 4	24	3	43
5 - 9	37	2	28.5
10 - 14	22	2	28.3
15 - 19	11	0	-----
20 - 24	10	0	-----
25 - 29	4	0	-----
30 - over	7	0	-----
Unknown	8	0	-----

TABLE No. 4.
DIPHThERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED
IN MANITOBA—1930-1939

Year	Winnipeg	Rural	Total
1930	3,235	27,814	31,049
1931	3,466	10,511	13,977
1932	5,080	14,462	19,542
1933	2,839	8,973	11,812
1934	4,246	22,087	26,333
1935	3,927	14,896	18,623
1936	3,100	7,030	10,130
1937	2,779	15,074	17,853
1938	2,381	24,784	27,170
1939	3,243	20,299	23,542
10-Year total	-----	-----	-----
Immunizations	34,296	165,935	200,031

TABLE No. 5.

DIPHtheria in Manitoba, 1929-1939
Cases, Deaths, Fatality Rates

Year	Cases		Deaths		Case Fatality	
	Winnipeg	Outside	Winnipeg	Outside	Winnipeg	Outside
1929	464	285	18	41	3.9	14.4
1930	291	298	7	31	2.4	10.4
1931	251	273	13	32	3.2	12.0
1932	218	183	7	19	3.2	10.5
1933	237	168	3	16	1.3	9.5
1934	310	165	11	16	3.5	9.7
1935	138	138	1	15	.7	10.8
1936	91	83	3	12	3.3	14.4
1937	49	54	3	5	6.1	9.3
1938	87	147	1	13	1.1	8.8
1939	160	123	5	6	3.1	4.8

TABLE No. 6.

DIPHtheria in Manitoba, 1928-1939

Year	Estimated Population	No. of Cases	Cases per 100,000	No. of Deaths	Death Rate 100,000	Case Fatality per 100 Cases
1928	656,447	972	148	56	8.2	5.8
1929	667,037	749	112	59	6.8	7.9
1930	677,250	589	87	38	5.9	6.2
1931	700,139	526	75	45	6.4	8.6
1932	702,322	401	57	26	3.7	6.5
1933	704,505	405	56	19	2.7	4.7
1934	706,688	475	67	27	3.7	5.7
1935	708,871	276	39	16	2.3	5.4
1936	711,056	174	24	15	2.1	8.6
1937	713,259	103	14	8	1.1	7.7
1938	715,452	158	22	14	1.9	8.7
1939	717,645	283	39	11	1.5	3.1

TABLE No. 7.

TUBERCULOSIS DEATHS—MANITOBA, 1927-1939
TREATY INDIANS AND OTHERS

Year	Exclusive Treaty Indians		Treaty Indians		Total Population, Including Treaty Indians	
	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000
1927	318	48.6	51	390	369	57.0
1928	327	50.3	72	556	399	60.8
1929	351	53.0	73	569	424	63.4
1930	370	54.1	86	679	456	66.4
1931	322	47.0	107	881	429	61.3
1932	300	42.8	110	905	410	58.3
1933	239	33.9	175	1,093	414	58.7
1934	282	39.9	113	753	395	55.9
1935	298	42.0	142	946	440	62.8
1936	274	38.5	154	1,026	428	60.1
1937	257	36.0	176	1,426	433	59.8
1938	242	33.6	131	1,045	373	52.0
1939	230	32.0	128	1,031	358	49.0
Population used for 1939—717,645.			Treaty Indian Population—12,500.			

TABLE No. 8.

TYPHOID FEVER—MANITOBA, 1929-1939
WINNIPEG—OTHER SEWER AND WATER AREAS—NO SEWER AND WATER

Year	Winnipeg	Other Sewer and Water Areas	No Sewer and Water	Total Cases
1929	28	21	60	109
1930	6	16	70	92
1931	25	44	80	149
1932	11	22	96	129
1933	12	35	79	126
1934	6	15	68	89
1935	6	16	59	81
1936	1	8	93	102
1937	3	12	29	44
1938	7	5	68	80
1939	5	56	71	132

†Sewer and Water Areas

Winnipeg	Tuxedo	Neepawa
St. Boniface	Charleswood	Dauphin Town
St. James	Selkirk	Grandview Town
St. Vital	Pine Falls	Flin Flon
Kildonan East	Portage City	Sherridon
Kildonan West	Brandon	Carman
Fort Garry	Souris	Transcona
	*Deloraine	*Churchill
*Water only.		

†50 of the total number of cases occurring in sewer and water areas were from Selkirk but did not use the municipal system entirely.

TABLE No. 9.

TYPHOID FEVER—MANITOBA, 1930-1939
CASES, DEATHS, CASE FATALITY RATE, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1930 -----	87	12	13.7	1.7
1931 -----	149	14	9.4	1.9
1932 -----	129	14	10.9	1.9
1933 -----	126	16	12.6	2.2
1934 -----	89	13	14.6	1.8
1935 -----	81	12	14.8	1.7
1936 -----	102	14	13.6	1.9
1937 -----	44	9	20.4	1.2
1938 -----	80	11	13.7	1.5
1939 -----	132	15	11.3	2.0

TABLE No. 10.

WHOOPING COUGH—MANITOBA, 1930-1939

Year	Cases	Deaths
1930 -----	1209	44
1931 -----	507	7
1932 -----	1,083	8
1933 -----	2,229	22
1934 -----	1,070	20
1935 -----	1,505	25
1936 -----	422	10
1937 -----	2,012	33
1938 -----	983	21
1939 -----	1,296	24

WHOOPING COUGH—MANITOBA, 1935-36-37-38-39

[illegible]

TABLE No. 12.

CANCER CASES AND DEATHS REPORTED IN MANITOBA, 1939

Site	Sex	Under 40		40-49		50-59		60-69		70-Over		Age Unspec.		Totals		Grand Totals	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Skin	M	2	-	3	-	4	-	6	1	17	5	1	-	33	6	-	-
	F	-	-	2	-	4	-	5	1	4	1	3	-	-	-	18	2
Lip	M	2	-	14	-	14	1	17	-	12	2	4	-	63	3	-	-
	F	1	-	1	-	-	-	-	-	-	-	1	-	-	-	3	-
Tongue	M	-	-	2	1	1	1	1	-	1	-	1	-	6	2	-	-
	F	1	-	-	-	1	-	-	-	1	-	-	-	-	-	3	-
Mouth	M	1	-	-	-	3	-	1	-	-	-	-	-	5	-	-	2
	F	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Throat	M	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Larynx	M	-	-	-	-	1	1	2	2	1	1	-	-	4	4	-	1
	F	-	-	-	-	-	-	1	1	2	1	-	-	-	-	3	2
Pharynx	M	-	-	1	1	1	-	2	2	-	-	-	-	4	3	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neck	M	2	1	-	-	1	-	1	1	1	1	-	-	5	3	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Thyroid	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	2	2	-	-	1	1	1	1	-	-	-	-	5	4
Head	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	1	-	-	-	-	-	2	1
Jaw	M	-	-	-	-	-	-	1	1	1	1	-	-	2	2	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eye	M	-	-	-	-	1	-	1	-	2	-	-	-	4	-	-	2
	F	2	1	-	-	1	1	2	1	-	-	-	-	-	-	5	3
Nose	M	2	-	2	-	-	-	1	-	1	-	1	-	7	-	-	-
	F	-	-	1	1	-	-	1	-	2	-	1	-	-	-	5	1
		-	-	-	-	-	-	1	-	2	-	1	-	-	-	12	1

CANCER CASES AND DEATHS REPORTED IN MANITOBA, 1939—(Cont.)

Site	Sex	Under 40		40-49		50-59		60-69		70-Over		Age Unspec.		Male		Female		Grand Totals	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Lung	M	—	—	5	2	11	11	16	14	7	4	—	—	39	31	—	—	—	—
	F	4	3	3	3	4	2	9	9	1	—	2	1	—	—	23	18	62	49
Mediastinum	M	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Osophagus	M	—	—	—	—	2	2	8	3	7	4	—	—	17	9	—	—	—	—
	F	—	—	1	1	2	2	1	1	3	1	—	—	—	—	7	5	24	14
Brain and Cord	M	2	2	1	0	2	2	3	3	—	—	—	—	8	7	—	—	—	—
	F	6	6	3	3	1	—	—	—	—	—	—	—	—	—	10	9	18	16
Parotid and Sub-Maxillary Glands	M	—	—	—	—	1	—	1	1	1	—	—	—	3	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1
Stomach	M	3	2	15	8	29	15	45	31	69	61	—	—	161	117	—	—	—	—
	F	—	—	3	1	18	14	19	14	34	31	—	—	—	—	74	60	235	177
Retroperitoneal	M	1	1	1	1	—	—	—	—	—	—	—	—	2	2	—	—	—	—
	F	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Small Bowel	M	1	—	1	1	—	—	1	1	1	—	—	—	4	2	—	—	—	—
	F	1	1	—	—	—	—	—	—	1	1	—	—	—	—	2	2	—	—
Large Bowel	M	1	—	4	2	11	5	20	17	22	19	1	—	—	43	—	—	—	—
	F	1	—	6	2	8	5	10	8	18	18	2	—	59	—	45	33	104	76
Rectum	M	1	1	3	—	7	1	10	7	10	8	1	1	32	18	—	—	—	—
	F	2	1	4	3	5	3	5	1	1	—	4	—	—	—	21	8	53	26
Liver	M	—	—	—	—	1	—	10	5	8	8	1	—	20	13	—	—	—	—
	F	—	—	2	1	5	5	2	2	3	3	1	—	—	—	13	11	33	24
Gall Bladder	M	—	—	—	—	1	1	1	1	1	1	—	—	3	3	—	—	—	—
	F	—	—	1	—	2	1	3	3	1	1	—	—	—	—	7	5	10	8
Pancreas	M	—	—	1	—	5	5	5	3	3	2	—	—	14	10	—	—	—	—
	F	—	—	—	—	1	1	3	2	1	1	—	—	—	—	5	4	19	14
Kidney	M	2	2	—	—	4	4	7	5	2	—	—	—	15	11	—	—	—	—
	F	2	1	1	—	2	1	1	—	1	1	—	—	—	—	7	3	22	14
Adrenal Gland	M	—	—	—	—	—	—	2	2	—	—	—	—	2	2	—	—	—	—

TABLE No. 13.

BIOLOGICS DISTRIBUTED, 1938 and 1939

Material	1938			1939		
	Winnipeg	Outside	Totals	Winnipeg	Outside	Totals
Diphtheria Toxoid—Complete Treatments	2,381	24,789	27,170	3,243	20,299	23,542
Diphtheria Antitoxin—Units	4,213,000	8,379,000	12,592,000	8,152,000	6,264,000	14,416,000
Schick Tests—Tests	6,050	10,150	16,200	4,875	6,575	11,450
Smallpox Vaccine—Points	4,006	24,843	28,849	3,409	44,179	47,588
Scarlet Fever Antitoxin (Proph.)	27	364	391	37	344	381
Scarlet Fever Antitoxin (Treatments)	298	316	614	236	190	426
Scarlet Fever Toxin—Complete Treatments	581	4,356	4,937	523	6,193	6,716
Dick Tests—Tests	1,390	2,460	3,850	1,140	2,315	3,455
Typhoid Vaccine—Complete Treatments	318	8,257	8,575	422	6,318	6,740
Tetanus Antitoxin—Units	454,500	793,500	1,248,000	873,500	2,249,500	3,123,000
Silver Nitrate (Treatments)	756	1,914	2,670	708	2,304	3,012
Anti-Meningococcus (20 cc)	45	42	87	46	17	63
Insulin—1939.						
Plain			Protamine			
100	200	800	400	800		
-----	7,529	13	6,174	121		
		1,000				
		540				

Venereal Disease Control

Dr. C. R. Donovan, D.P.H.,
Director,
Division of Disease Prevention,
Winnipeg, Manitoba.

Sir:

I respectfully submit the report of the Division of Venereal Disease Control for the year ending December 31st, 1939.

We feel that the past year has been one of some accomplishment in the prevention of these diseases. We have continued our efforts to educate the public regarding this problem and feel that we are making some slight progress. It is realized, however, that these efforts must be sustained and increased if we are to make any marked progress in Venereal Disease Prevention.

Lectures and informal talks have been given by various members of the Department and the response from the public shows a keen interest in this subject. This has resulted in an increased demand for literature and pamphlets. The spread of correct information regarding these diseases will do much to prevent Venereal Disease.

Our earnest endeavor is to bring every case under treatment in order to effect a cure or at least to render the patient non-infectious. As the disease is transmitted from the infected to the non-infected, we know that if we can render the infectious non-infectious, we wipe out the seed for new cases (similar to Noxious Weeds Control). To effect this we supply Keidel Tubes free to physicians and clinics for taking blood samples for diagnosis.

We have continued to supply free drugs for the treatment of indigent syphilitic patients and to pay a nominal fee to the physicians who administer this treatment. During the year, 24,871 doses were distributed; this is an increase of nearly 100% over the figure for last year of 12,876 doses. This does not mean that treatment was doubled but that we have supplied more of the drugs used. Since September 1st, 1938, we have been assisted by the Department of Pensions and National Health at Ottawa, which has supplied us with almost all of the arsenicals required. In consequence, we have been supplying all arsenicals for use in the St. Boniface Hospital Clinic this year whereas last year drugs were only supplied to the Clinic in the month of December, and this accounts in part for the large increase in the number of doses supplied by this Department. There is, however, also a large increase in treatment.

Our Clinics have continued to function smoothly and efficiently throughout the year so that there has been little difficulty in keeping patients to their regular schedule of treatment.

Since January 1st, 1939, all female persons apprehended by the City of Winnipeg Police Force on **certain specified charges** have been held for examination for Venereal Diseases. One hundred and sixty-eight such persons have been examined; thirty-one were found to be suffering from Syphilis, thirty-two from Gonorrhoea, nine from both diseases, and ninety-three were negative for both diseases. Those found to be infected were placed under detention and treated until they were considered non-

infectious. These figures show results and we are sure that a great many women of questionable morals have come to the Clinic to be examined and undergo treatment as they knew that if they were picked up by the Police they would be examined and placed under detention if found infectious, and they preferred to be treated voluntarily.

Since April, 1939, similar arrangements have also been made with the Police Departments of the Municipalities of St. James and St. Vital and the City of St. Boniface, but to date no persons have been apprehended by them.

Commencing January 1st, 1940, the same scheme is to be put into effect by the City of Winnipeg in dealing with male persons apprehended on certain specified charges. We believe it will prove of great benefit.

Owing to the War and the influx of soldiers from rural areas, we expected a marked increase in Venereal Diseases, but we have been agreeably surprised by the comparatively small number of cases reported from the Army. We feel that this is due to better control of the sources of infection, to education of the soldiers, and to the interest taken by the Army Authorities.

Clinics for Venereal Diseases have been held four days per week during 1939 at the St. Boniface Hospital. This gives two days per week for males and two days per week for females, as it has been found wiser to keep the two sexes separate, and suitable hours have been arranged so that it would be convenient for all patients to report for treatment weekly.

The total number of cases reported in 1939 is slightly less than the number for 1938. This is encouraging as we feel sure that reporting has been more accurate and consequently we have made some gain. The 588 cases of Syphilis reported is a decrease of 31 cases, and the 872 cases of Gonorrhoea is a decrease of 41 cases. The cases of Syphilis again represent 40% of the total number of cases of Venereal Diseases reported. This figure before 1938 was 29%. We feel that this increase is not due to increased prevalence but to earlier and better diagnosis and to improved reporting.

Although we appreciate the co-operation of the profession in reporting cases, we are inclined to believe that some physicians still do not realize the necessity and advantages of complete reporting; consequently we are making every effort to gain their complete co-operation in this most important matter. When a case is reported to us, we follow it up and arrange that treatment will be continued until the patient is cured or rendered non-infectious. We also trace the sources and contacts, have them examined and, if found to be infected, placed under treatment. On cases not reported, we have no check so the advantage of complete reporting and follow-up is obvious. Only by thorough treatment of the infectious cases can we prevent new cases.

A summary of the statistical data for the year ending December 31st, 1939, is as follows:

GONORRHOEA:

Number of cases reported	872
Sex:	
Male	647
Female	225
Total	872
Marital State:	
Married	
Male	182
Single	444
Widowed	5
Divorced or	
Separated	16
Total	647
Married	
Female	84
Single	107
Widowed	6
Divorced or	
Separated	8
Total	205
Children (0-12 years)	
Male	0
Female	20
Total	20
Total	872

Ages:

Male		Female	
12 years and under	0	12 years and under	20
From 12 to 20 years	63	From 12 to 20 years	66
From 20 to 30 years	346	From 20 to 30 years	100
From 30 to 40 years	155	From 30 to 40 years	27
From 40 to 50 years	59	From 40 to 50 years	10
From 50 to 60 years	19	From 50 to 60 years	2
From 60 to 70 years	5		
Total	647	Total	225

SYPHILIS:

Number of cases reported	588
Sex:	
Male	368
Female	220
Total	588
Marital State:	
Married	
Male	157
Single	168
Widowed	14
Divorced or	
Separated	21
Total	360

Married	Female	114	
Single	"	71	
Widowed	"	10	
Divorced or			
Separated	"	17	
			212
Children (0-12 years)	Male	8	
	Female	8	
			16
	Total		588
Ages:	Male		Female
12 years and under	8	12 years and under	8
From 12 to 20 years	14	From 12 to 20 years	40
From 20 to 30 years	99	From 20 to 30 years	97
From 30 to 40 years	99	From 30 to 40 years	40
From 40 to 50 years	74	From 40 to 50 years	25
From 50 to 60 years	53	From 50 to 60 years	6
From 60 to 70 years	17	From 60 to 70 years	4
From 70 to 80 years	4		
	368		220

Patients who changed physicians numbered143

The reason so many patients changed physicians is that a number were sent from the St. Boniface Hospital Clinic to a special Relief Camp where treatment was continued under the supervision of the physician in charge of the Camp.

Patients who discontinued treatment and had to be followed up	numbered	93
Persons who were reported as sources of infection to others	numbered	29
Persons who were contacts with those suffering from a venereal disease	numbered	14
Patients 17 years of age and under who were reported as suffering from venereal disease	numbered	69

Of the above 69 patients, 40 (3 males and 37 females) were reported as suffering from Gonorrhoea, and 29 (11 males and 18 females) as suffering from Syphilis. This is 19 patients less than the number reported in 1938.

GENERAL SUMMARY OF CASES OF VENEREAL DISEASES REPORTED DURING THE YEARS 1930 to 1939, INCLUSIVE										
GONORRHOEA:										
Adults:	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
Male	1,184	1,015	760	883	916	861	878	772	682	647
Female	438	313	257	242	208	204	198	188	194	205
Children										
0-12 Years:										
Male	3	2	5	3	1	0	2	4	4	0
Female	25	88	29	24	22	10	18	25	33	20
Total	1,650	1,418	1,051	1,152	1,147	1,075	1,096	989	913	872

SYPHILIS:

Adults:

	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
Male	357	393	367	228	281	198	269	302	393	360
Female	190	199	202	136	179	152	129	139	204	212

Children

0-12 Years:

Male	4	16	14	15	7	10	4	9	3	8
Female	4	15	12	15	8	11	4	13	19	8

Total	555	623	595	394	475	371	406	463	619	588
-------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

MATERIAL SUPPLIED FOR INDIGENT PATIENTS

Number of Keidel Tubes	18,455
Neosalvarsan 0.6	10 ampoules
Mapharsen 0.04	3,231 ampoules
Mapharsen 0.06	2,337 ampoules
Mapharsen 0.6	315 ampoules (10 dose size)
Neoarsphenamine 0.45	219 ampoules
Neoarsphenamine 0.60	375 ampoules
Neoarsphenamine 0.30	150 ampoules
Neoarsphenamine 0.90	100 ampoules
Neoarsphenamine 6.0	100 ampoules (10 dose size)
Bismarsen	55 ampoules
Stovarsol 0.25	8,920 tablets
Stovarsol 0.05	490 tablets
Metallic Bismuth	80 doses
Bismuth Salicylate	3,889 doses
Thio Bismol	188 doses
Cyclobis	71 doses
Iodobismitol	300 doses
Mercurettes	110
Tryparsamide 3 gm.	178 ampoules
Tryparsamide 50 gm.	18 ampoules

The above material is supplied for use in the treatment of Syphilitic patients only.

VENEREAL DISEASE CLINICS, 1939

Reports from the following Clinics:

Detention Home - - - - -	West Kildonan
Home of the Good Shepherd - - -	West Kildonan
Manitoba Home for Girls - - - -	West Kildonan
Brandon Gaol - - - - -	Brandon
Portage la Prairie Gaol - - - -	Portage la Prairie
Provincial Gaol - - - - -	Headingley
Manitoba Penitentiary - - - - -	Stony Mountain
St. Boniface Hospital - - - - -	St. Boniface

GONORRHOEA:

Number of cases treated		491	
Sex:	Male.....	312	
	Female	179	
	Total	491	
Marital State:			
Married	Male.....	77	
	Single	220	
	Widowed	2	
	Divorced or		
	Separated	13	
			312
Married	Female.....	64	
	Single	85	
	Widowed	5	
	Divorced or		
	Separated	7	
			161
Children (0-12 years).....	Male.....	0	
	Female	18	
			18
			491
Classified as follows:			
Acute		438	
Chronic		53	
			491

In the above 491 patients, 1 male adult and 26 female adults were included who had previously been reported from other sources, leaving the number of new cases for these Clinics as 311 male adults and 135 female adults, in addition to 18 female children, making a total of 464 new patients.

SYPHILIS:

Number of cases treated		435	
Sex:	Male.....	250	
	Female	185	
		435	
Marital State:			
Married	Male.....	91	
	Single	123	
	Widowed	7	
	Dovorced or		
	Separated	24	
			245

Married	Female	78	
Single	"	75	
Widowed	"	8	
Divorced or Separated	"	20	
		181	
Children (0-12 years)	Male	5	
	Female	4	
		9	
		435	

Classified as follows:

Primary	86	
Secondary	193	
Tertiary	14	
Congenital	17	
Latent	125	
	435	

In the above 435 patients, 26 male adults and 48 female adults were included who had previously been reported from other sources, leaving the number of new cases for these Clinics as 219 male adults and 133 female adults, in addition to 9 children under 12 years of age, making a total of 361 new patients.

In addition to the above, there were 266 cases of Non-venereal patients treated in the Clinics, of which 145 were males and 121 were females.

Treatments Administered:

For Gonorrhoea	18,365	
For Syphilis	19,836	
Non-Venereal	535	
Prophylactic	1,007	
	39,743	

Doses Injected:

Arsenical	12,522	
Bismuthic	13,186	
Malarial	26	
	25,734	

Laboratory Examinations:

Wassermann examinations on blood for Syphilis	8,865
Positive	544
Negative	8,321
Wassermann examinations on spinal fluid	406
Positive	28
Negative	378
Examination of smears for Gonococci	6,734
Positive	716
Negative	6,018
Microscopic examinations for Spirochaetae	53
Positive	23
Negative	30

ST. BONIFACE HOSPITAL CLINIC

Patients who were under treatment prior to December 31st, 1938, and who were carried forward for continuation of treatment numbered 629. Of these, 417 were suffering from Syphilis and 212 from Gonorrhoea.

During the year ending December 31st, 1939, 732 patients were reported by this Clinic. Of these, 331 were suffering from Syphilis and 401 were suffering from Gonorrhoea, classified as follows:

Syphilis:

Primary	56	
Secondary	135	
Tertiary	1	
Congenital	17	
Latent	122	
	—	331

Gonorrhoea:

Acute	401	
Chronic	0	
	—	401

Total number of patients treated, including those carried forward and those admitted during the year, numbered 1,361, of which 748 were suffering from Syphilis and 613 from Gonorrhoea.

Treatments for Syphilis administered during the year at the St. Boniface Hospital Clinic numbered 18,309.

Treatments for Gonorrhoea administered during the year at the St. Boniface Hospital Clinic numbered 14,676.

Doses Injected:

Arsenical	11,607	
Bismuthic	12,189	
Malarial	26	
	—	23,822

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Acting Epidemiologist.

Clinics for Venereal Disease in Detention Institutions

F. W. Jackson, Esq., M.D.,
Deputy Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report for the year ending December 31st, 1939, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

The Detention Home for Girls -	West Kildonan
The Home of the Good Shepherd -	West Kildonan
The Manitoba School for Girls -	West Kildonan
The Provincial Gaol - - - -	Headingley

Patients who were under treatment in the Detention Homes for Girls prior to December 31st, 1938, and who were carried forward for continuation of treatment, numbered 14. Of these, 4 were suffering from Syphilis, and 10 from Gonorrhoea.

During the year there were 20 new patients admitted, of which 4 were suffering from Syphilis, and 16 from Gonorrhoea, classified as follows:

Syphilis:	
Primary -----	2
Secondary -----	1
Latent -----	1
	----- 4
Gonorrhoea:	
Acute -----	15
Chronic -----	1
	----- 16

Total number of patients treated, including those carried forward and those admitted during the year, numbered 34, of which 8 were suffering from Syphilis and 26 from Gonorrhoea. This is a decrease of 19 from the number treated during the year 1938.

Treatments:

A total of 1,699 treatments were administered during the year, classified as follows:

Syphilis -----	394
Gonorrhoea -----	1,305
	----- 1,699
Doses Injected:	
Arsenical -----	170
Bismuthic -----	221
	----- 391

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis	77	
Positive	5	
Negative	72	
	—	77
Examination of smears for Gonococci		295
Positive	48	
Negative	247	
	—	295

PROVINCIAL GAOL, HEADINGLY

Patients who were under treatment prior to December 31st, 1938, and who were carried forward for continuation of treatment, numbered 7, and these were all suffering from Syphilis.

During the year there were 70 new patients admitted, of which 41 were suffering from Syphilis and 29 from Gonorrhoea, classified as follows:

Syphilis:

Primary	22	
Secondary	9	
Tertiary	10	
	—	41

Gonorrhoea:

Acute	18	
Chronic	11	
	—	29

Treatments:

A total of 4,193 treatments were administered during the year, classified as follows:

Syphilis	722	
Gonorrhoea	2,200	
Non-venereal	264	
Prophylactic	1,007	
	—	4,193

Doses Injected:

Arsenical	234	
Bismuthic	273	
	—	407

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis	1,255	
Positive	44	
Negative	1,211	
	—	1,255
Examination of smears for Gonococci		35
Positive	21	
Negative	14	
	—	35

When a prisoner who resides in Greater Winnipeg is discharged from the Gaol, a notice is sent to the Department of Health and Public Welfare. The Public Health Follow-up Nurse calls upon the man and advises him as to his continued compulsory treatment.

If the prisoner resides outside of Greater Winnipeg, this Department is notified and the man is instructed to report to the Medical Officer of Health of the district to which he belongs. The Medical Officer of Health is also advised and requested to let the Department know if the patient fails to report. If the patient is an indigent, a supply of drugs is sent for the continuation of his treatment, with an outline of his previous treatment.

In this way we feel that nearly every released prisoner suffering from a venereal disease is being looked after.

I feel it incumbent upon me to emphasize the fact that at all the above mentioned Institutions I found the most willing co-operation in the care and treatment of these patients, which assists materially the splendid efforts of the Department in endeavouring to minimize the spread of these dreaded diseases.

Respectfully submitted,

W. R. GORRELL, M.D.,

Physician in Charge.

Division of Public Health Nursing Service

Dr. C. R. Donovan, D.P.H.,
Medical Director.

Sir:

I have the honour to submit herewith the Annual Report of the Public Health Nursing Division for the year ending December 31st, 1939.

SOCIAL WORK

Since the reorganization of the Manitoba Red Cross on a war time basis, plans have been made for co-operation between the Welfare Committee and the Nursing Staff whereby all rural applications to the Red Cross for social assistance will be verified as to need by the local Public Health Nurse after visiting the home, and all applications for social assistance received from the Nurses will be referred to the Red Cross. This arrangement will be of great help to the Nurses, who are hard-pressed at times to secure clothing for the needy in their districts.

The Greater Winnipeg Welfare Committee very generously provided a complete outfit of clothing to enable a girl from rural Manitoba to attend the Manitoba School for the Deaf.

The Civil Servants' Provincial Club Christmas Tree party was held on December 11th. Hand knitted mitts, scarves, woollen stockings, other clothing and toys were given to a very jovial Santa Claus for us to distribute. We also received \$116.60 in cash; some of this was donated directly from Club funds and the money was used to purchase children's underwear and sweaters. The members made a great effort to secure increased donations this year and their continued interest in our rural welfare work is most encouraging to us.

Beaconia and Hillside Beach Territory—Through the efforts of the Nurse, teacher, and women of the district, bowls and spoons were provided for the children of a rural school, and a Christmas dinner and tree provided for a very poor family.

Hodgson—On recommendation of the Nurse, local women provided clothing for needy families in this district.

Dauphin—The Nurse reports keen interest of the Citizens' Welfare Committee in providing necessities for those in need, which includes provision of dental care, tonsil and adenoid operations, and eye glasses for children. During the year, the Town Council and Rotary Club donated money to pay for tonsil and adenoid operations for needy rural children and during the winter, interested citizens have provided hot lunches for twenty children daily.

Details of relief work at headquarters of the Public Health Nursing Division is as follows:

Number of children supplied with clothing	171
Number of adults supplied with clothing	8
Number of children provided with toys	1,485
Number of layettes provided	4
Number of blankets provided	4

Work of the Nurses in Rural Districts:

Number of relief cases investigated for local agencies	51
Number of families supplied with hampers	372
Number of individuals supplied with clothing	123
Number of toys distributed	825

On request, the Nurses make social investigation of families in rural Manitoba for the Division of Social Assistance, Public Works Relief Division, Canadian National Institute for the Blind, and other social and relief agencies.

Total number of social service visits	1,223
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HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1938, to June 30, 1939.

Total number of children examined	17,199
Total number of children with defects	8,389
Total number of children not vaccinated	3,065

Classification of defects:

Defective vision	1,838
Defective hearing	200
Unsound teeth	7,290
Pediculosis	574
Suspected diseased or enlarged tonsils	5,595
Nasal obstruction	910
Symptoms of enlarged glands	1,425
Symptoms of eye disease	146
Symptoms of ear disease	18
Symptoms of malnutrition	884
Symptoms of nervous disorders	219
Symptoms of orthopedic defects	55
Symptoms of anaemia	143
Symptoms of defective thyroid	994
Suspected skin disease	321
Other conditions	681
Number of classroom inspections	2,472
Number of children re-inspected for suspect communicable diseases and other conditions	4,325
Number of first aid treatments given	3,363
Number of children weighed	5,786
Number of children found 7% or more underweight	1,094
Number of children re-weighed	5,393
Number of children found to have gained in weight	3,676
Number of children excluded from school:	
For suspected communicable diseases	285
For suspected pediculosis	598
For suspected contagious skin condition	481
For suspected contagious eye condition	31
For other causes	80
Total	1,475

Total number of defects of children known to have been corrected	2,330
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HEALTH TRAINING IN SCHOOLS

Number of classroom talks given	1,637
Number of Home Nursing classes held	73
Attendance at Home Nursing classes	1,206
Number of First Aid classes held	33
Attendance at First Aid classes	433

Toxoid immunization clinics were held in:

Municipalities of: Eriksdale, Brokenhead, Ste. Anne, Sifton, Lac du Bonnet, Daly, Rivers, Roblin, Cypress River, Russell, Shoal Lake, Wallace, East Kildonan, North Kildonan, West Kildonan, Gimli, Charleswood, MacDonald, Kreuzberg, Morris, Bifrost, Springfield, Grey, Hanover, Whitewater, Chatfield, Fisher Branch, Dauphin, St. Clements, Stuartburn, Swan River, Siglunes, Stanley, Coldwell, Lansdowne, Rhineland, South Norfolk;

Towns of: Beausejour, Virden, Souris, Stonewall, Transcona, Selkirk, Flin Flon, Dauphin;

Villages of: Pointe du Bois, Brooklands;

Unorganized Districts of: The Pas, Riding Mountain, Alonsa, Swan River and the Winnipeg Normal School.

Classification of service rendered:

Assisted physicians with immunization of pupils to protect them against Diphtheria	42,849
Assisted physicians with immunization of pupils to protect them against Scarlet Fever	10,655
Assisted physicians with vaccination of pupils	14,089
Assisted physicians with "Schick" test for susceptibility to Diphtheria	778
Throats swabbed to detect and prevent spread of Diphtheria.....	852
Total cases suspect communicable diseases reported	769

NORMAL SCHOOLS

Number of lectures given in Brandon and Winnipeg	204
Attendance at lectures	6,271

HEALTH EDUCATION PROGRAMME OF THE NORMAL SCHOOLS
WINNIPEG

The Health Programme as planned in September, 1938, was continued, instruction being given in "Methods of Teaching Health" and on the "Growth and Development of the School Child". The students were held responsible for reviewing public school work in Physiology and Anatomy and all were required to obtain a pass in this work before the close of the term.

Health Service:

Health service was continued, nursing services being given as required. Toxoid clinics were held.

Diphtheria toxoid was given to	21
Dilute Diphtheria toxoid was given to	15
	<hr/>
	36

All students had the opportunity of spending one-half day in Brooklands Schools observing Health Service there and assisting with health inspection and instruction.

Practice Teaching in Health:

Besides the practice teaching in Brooklands, the students were given opportunities to teach health when in the City and Rural schools. Methods used and results were discussed during the regular class periods.

An exhibit of the projects carried out in the Brooklands schools was arranged; and following the Easter Teachers' Convention, the projects were displayed at the Normal School.

January to June:

Number of class periods	121
Number of students taken to Brooklands	66

September to December:

During the month of September, most of the time was spent assisting with physical examinations of every student. The following is an outline of this work:

Number of students examined	150
Number with defective vision	24
Number requiring dental attention	15
Number underweight	20

Biological reactions:

(a) Tuberculin Tests	150
Positive	33
Negative	117

All positive reactions were X-rayed and one re-X-rayed a month later.

(b) Schick tests	150
Immune	76
Non-immune	53
Non-immune and sensitive	21
(c) Wassermann reactions	150
Negative	150
Positive	0

(d) Smallpox vaccination;

Number of students found to have never been successfully vaccinated	36
---	----

During the last three months of the year, Health Service and Health Instruction have been carried on continually.

Through the Health Service in the Normal School, the following has been accomplished:

Number having had vision checked	21
Number having received dental care	3
Number referred to and seen by their physician	6
Number referred to and seen at Out-Door Department at the General Hospital	6
Number excluded from school because of skin condition.....	4
Number excluded because of contact with Diphtheria	2
Number vaccinated for Smallpox	36
Number receiving Diphtheria toxoid	52
Number receiving dilute Diphtheria toxoid	21

Each month a report is made out on the personal appearance of every student. The students are expected to read these reports with the Nurse and advice is given as required.

HEALTH INSTRUCTION

Total number of class periods	102
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The students are divided into classes of from twenty-five to thirty members, making it possible to use the discussion method of instruction frequently in place of the lecture method.

The course of instruction includes the following:—An explanation of health service, health of the teacher, environment or healthful surroundings, review of fundamental health knowledge (Anatomy and Physiology as well as the care of the body to obtain and improve health) and methods of Health Education suitable for the Primary, Intermediate and Senior Grades.

BRANDON

A six-week course in Health Education similar to the one given in the Winnipeg Normal School. Approximately the same outline of instruction and opportunities of practice are given.

The following work was completed during the two weeks spent in the Brandon School in October:

Number enrolled	62
Number of classes with entire group	14

Health Service:

Number of interviews with students	73
Number having had vision checked	7
Number having received dental care	2
Number vaccinated for Smallpox	12
Number given first dose Diphtheria toxoid	28
Number given first dose dilute Diphtheria toxoid	3

All students were given a complete physical examination in the beginning of the term. The following is an outline of the work:

Number examined	61
Number with defective vision	16
Number requiring dental care	5
Number underweight	18

Biological Reactions:

(a) Tuberculin tests	61
Positive reactions	17
Negative reactions	44

X-ray plates of the chests of the students showing positive reactions were taken through the co-operation of the Manitoba Sanatorium Travelling Clinic.

(b) Schick Tests	61
Immune to Diphtheria	29
Non-immune	31
(c) Wassermann Tests	61
Negative	61
Positive	0

(d) Smallpox Vaccination:

Number of students found to have never been successfully vaccinated	13
---	----

WORK CARRIED ON IN THE COMMUNITY

Total number of visits made for the purpose of giving health instruction and demonstration	37,482
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Classification of service rendered in home visiting:

Total number of cases in prenatal and postnatal care	887
Total number of cases in infant welfare	2,837
Total number of birth registration cases	308
Total number of cases in the care of children of pre-school age....	5,034
Total number of cases in the care of school children	12,378
Total number of cases in the care and prevention of communicable diseases	2,254
Mothers' Allowance visits	377
Visits to adults	11,675
Visits of co-operation	10,417
Number of cases dealt with socially	1,993
Number of patients referred from social agencies	90
Total number of patients, other than school children referred for treatment	937
Total number of patients accompanied to and from clinic and hospitals	177
Total number of defects known to have been corrected, of those in the community, other than school children	169

Number of meetings attended by Nurses in connection with Public Health work	169
Number of interviews in connection with Public Health work by Nurses in their respective districts	9,842
Number of Home Nursing and First Aid lectures given	128
Attendance at Home Nursing and First Aid lectures	2,160
Number of lectures on other health topics	49

CHILD WELFARE STATIONS

Child Welfare Stations have been opened during the year at Pierson and Waskada, and have been well attended.

Total number of Health Conferences held	242
Attendance of infants and pre-school children at conferences.....	3,284
Number of First Aid treatments given at Stations	425
Attendance of mothers and children for consultations at Stations.....	1,117

PUBLIC SERVICE NURSING

Fisher Branch:

Number of patients seen at Nursing Station	2,147
Total time spent in Public Service Nursing (hours)	1,242
Number of home visits made to patients	570
Total time spent in Public Service Nursing (hours)	692¾

Grahamdale:

Number of patients seen at Nursing Station	2,104
Total time spent in Public Service Nursing (hours)	537
Number of home visits made to patients	270
Total time spent in Public Service Nursing (hours)	411
Number of Health Clinics held at Nursing Station	27
Attendance at Health Clinics	1,040

Nursing care was given for the purpose of demonstration and emergency by the general Nursing Staff, in addition to other duties, as follows:

Total number of visits made to patients	1,193
Total time spent in Public Service Nursing (hours)	1,028

SPECIAL CLINICS

Mental Hygiene Clinics

Number of Mental Hygiene clinics	7
Attendance at Mental Hygiene clinics	98

Tonsil Clinics

Number of Tonsil clinics	3
Attendance at Tonsil clinics	27

Dental Clinics

Dr. A. E. Proctor, Chairman of the Manitoba Committee of the Canadian Foundation for Preventive Dentistry, reports as follows:

"The improvements noted in last year's report continue, namely:—

1. The percentage of children passed as O.K. has risen from around 25% for last year to nearly 30% for 1939.
2. The number of permanent extractions has again dropped; only 629 being extracted in 1939 as against 1,301 in 1938. In two clinics, no permanent teeth were extracted and in 22 other clinics, less than 10 in each clinic were extracted.
3. Slightly over 50% of the clinics were sponsored by school boards, official trustees, etc., once more showing that these officials recognize the excellent value of healthy mouths in their pupils.

These marked improvements are largely due to so many places having annual clinics. In 31 out of the 47 clinics held, 15 had clinics in 1937, 1938 and 1939; 10 had clinics in 1938 and 1939, and 6 had clinics in 1937 and 1939. A study of the results in these clinics shows the marked improvement in prevention when compared to the clinics being held for the first time.

A new departure was inaugurated in 1939. This was the personal inspection of the clinics, and I feel that this has been one of the most important steps—if not the most important one—taken since the clinics were first started. These visits were all made unannounced as I wanted to see conditions as they actually were. For the most part, there was little to criticize and much to praise in the work of both the dentists and nurses. They were both doing an excellent work for our children and a great deal of their reward will only come in the knowledge of a good work well done. Some improvement could be made in the conditions under which they were working in several cases. Another valued feature of this inspection was the favourable reaction of the various sponsors. They all expressed their appreciation that we were seeing that everything possible was being done to ensure the proper carrying out of the clinics.

Once again I could not close this report without expressing our sincere appreciation for the excellent co-operation of the Department of Health and Public Welfare. Our main contacts have been with Dr. F. W. Jackson, Miss E. A. Russell and the nursing staff. Each and everyone of them has given us the most loyal co-operation and nothing has been too much trouble for them to do for us. The different nurses on the clinics have given unsparingly of their time and ability to promote and carry out this work and are to be highly commended for their efforts. I would also like to pay tribute to Dr. Roy Brown, the Medical Officer of Health for Lansdowne, who organized and took a deep interest in the clinic held at Arden for that municipality."

Number of dental clinics	47
Attendance at dental clinics	4,565

Note: A statistical report of Dental Clinics held throughout Manitoba in 1939 is appended herewith after page No. 225.

SUMMER CHILD HEALTH CONFERENCES

Number of Child Health Conferences	5
Total number of children examined	454
Of this number, those with defects	248

Classification of defects found:

Vision	8
Orthopedic defects	12
Nutritional defects	48
Hernia	21
Nasal obstruction	15
Unhealthy tonsils	30
Enlarged glands	33
Mental deficiency	17
Unsound teeth	17
Other defects	70
Requiring immediate medical or surgical treatment	77

**REPORT OF SOCIAL WORK DONE IN CONNECTION WITH VENEREAL
DISEASE CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA
HOME FOR GIRLS AND THE HOME OF THE GOOD SHEPHERD**

Number of clinics attended by nurses	574
Number of treatments given at clinics	30,112
Number of visits of co-operation	185
Number of interviews	2,361
Number of cases referred from social agencies	279
Number of cases referred to social agencies	172

**SUPERVISION OF INSTITUTIONS AND BOARDING HOMES FOR CHILDREN,
DAY NURSERIES AND MATERNITY HOMES**

The Institutions for the care of children are continuing their good work and improvements are noted in the methods used to bring out the individuality of each child.

The Children's Home—Through co-operation with the Winnipeg Public School Board, they have obtained the use of two vacant classrooms in the Julia Clark School. One has been fitted up as a Recreation room with game tables, book cases, etc., and the other as a gymnasium with an Instructor in attendance who gives the boys and girls each an evening per week. These facilities have been much needed in the past. In this Home, corridors and dormitories have been repainted, floors re-finished, new sinks have been installed in kitchens and pantry, all stoves, cookers and milk sterilizer have been fitted with extracting fans and windows have been made draught proof.

St. Joseph's Vocational School—The new kindergarten department has been opened and has accommodation for twenty-four boys from three to seven years; all activities are in this building. The medical inspection of all children is done by the Children's Hospital and complete medical histories will soon be available. This will include tuberculin and Wassermann tests and X-rays if indicated. This Institution has a class for retarded children and a male teacher has been appointed for the older boys up to Grade VIII. Scout and Club activities and competitive games are carried on regularly. They have an outdoor skating rink which is much enjoyed.

St. Norbert Infants' Home—This Institution has started a kindergarten class for the older children. A doctor visits the home weekly and is on call if needed between visits.

The Jewish Orphanage—This Institution has closed its infants' department, and the few small children now in the home are cared for in the dormitories with the school age children.

Sir Hugh John MacDonald Hostel—This Institution has been improved by the removal of partitions on the second floor to enlarge the sleeping accommodation and by providing a small isolation ward on the third floor. The necessary fire escapes from the dormitories have been built. The rooms have been decorated and the whole outside of the house painted by the boys.

Grace Hospital—This hospital has increased its accommodation for un-married mothers by remodelling and extending its premises. It now has dormitory space for fifty-two mothers and forty infants and a large, well equipped sitting room for the mothers, with a radio and piano. The new building was formally opened in November, 1939.

As a result of the constant supervision and instruction of the Nurses, the standard of care given in Children's Boarding Homes shows steady improvement.

Plans are now being made to give a course of lectures and demonstrations to the foster mothers in and near Winnipeg on Child Care and Training. These classes will be given at the Sherbrooke Street headquarters.

BOARDING HOMES FOR CHILDREN

Number of applications for boarding home permits	605
Number of permits granted	449
Number of applications rejected	102
Number of applications withdrawn	54
Visits of investigation	663
Routine boarding home visits	2,235
Number of private placements dealt with during year	74
Visits of co-operation	176
Office interviews in connection with boarding homes	1,280
Clothing provided for mothers or infants	7

ORPHANAGES

Visits of investigation	24
Routine visits	26

MATERNITY HOMES

Visits of investigation	17
Routine visits	25

DAY NURSERIES

Visits of investigation	3
Routine visits	4

HOSTELS

Visits of investigation	1
Routine visits	2

HEALTH SUPERVISION IN PRIVATE INSTITUTIONS AND
BOARDING HOMES FOR AGED AND INFIRM

Number of new boarding home applications	345
Number of new cases dealt with	490
Number of interviews	531
Number of routine visits	1,550
To Hostels - - - - - Visits of investigation.....	2
To Private Institutions - - - Visits of investigation.....	105
Routine visits	230
To Public Institutions - - - Visits of investigation.....	10
Routine visits	29
To Private Hospitals - - - Visits of investigation.....	13
Routine visits	17
To Private Boarding Homes - Visits of investigation.....	754
Routine visits	141
Visits of co-operation	149
Services rendered Social Agencies	21
Meetings attended in connection with the work	6

Remarks:

A lot of work has been done to raise the standard of private institutions and private hospitals, which do show marked improvement.

It continues to be difficult to find suitable private boarding homes at the present rates paid, owing to the increased cost of living, and the number of suitable homes has greatly diminished since September, 1939, when householders began to take in soldiers to board at \$1.00 per day.

In Greater Winnipeg there is the following accommodation for Aged and Infirm:

Public Institutions	5
Private Institutions	22
Private Boarding Homes	88

—56 active at present.

There are three Private Hospitals.

TUBERCULOSIS NURSING

There is a steady increase in the number of clinics held and consequently an increase in follow up visits by the Nurses; yet, we must admit, that the Tuberculous patient with positive sputum, living at home needs more constant educational supervision to achieve the desired results than can be provided with the present Staff, because in most instances, the lack of co-operation on the part of the patient and family is due to ignorance of the disease.

CENTRAL TUBERCULOSIS REGISTRY ANNUAL REPORT, 1939

	Whites	Indians
Known cases of Tuberculosis in Manitoba, December 31, 1939	3,751	370
Number Tuberculous patients on treatment December 31, 1939.....	686	45
From Winnipeg	227	
Number Deaths reported from Tuberculosis	235	114
(January 1st, 1939 to November 30th, 1939)		
Number families outside Winnipeg carried for supervision.....	3,582	
Number visits to Tuberculous families by Public Health Nurses.....	5,923	
Number New Discoveries of Tuberculosis during 1939.....	568	75
Considered Active or Doubtful Activity:		
Whites—469		Indian—60
1939 New Discoveries of Tuberculosis admitted for treatment.....	240	24

Clinic Activities During 1939

Total Examinations at all Clinics	18,005	1,249
Total New Discoveries of Tuberculosis	435	52
Total Old Tuberculous patients reviewed	2,715	72
Contacts routinely examined	6,890	219
Total number Pneumothorax treatments given at all Clinics.....	3,726	
Total number cases re-activated in 1939	118	
of these the number admitted	102	

GROUP SURVEYS BY TUBERCULIN TEST—1939

During the year 1939 the Manitoba Sanatorium Staff did Tuberculin Tests on groups of students in the schools of four Municipalities adjacent to Winnipeg and in ten schools elsewhere in the Province. Two other small groups of young people were done also.

Total number of Tuberculin Tests	2,872
Total number reported showing positive reaction	657
Total number X-ray plates taken as result of survey	718
Total number X-ray plates showing disease	8
Total number X-ray plates considered suspicious	3

The Department of Health Staff have continued to do Tuberculin Tests on various groups of young people, these constitute an older age group than those done by the Manitoba Sanatorium Staff.

Total number of Tuberculin Tests reported as done to Decem- ber 31st, 1939	2,995
Total number of these reported as showing positive reaction..	1,116
Total number X-ray plates taken as result of survey.....	560
Total number X-ray plates showing disease	7
Total number X-ray plates considered suspicious	6

The totals for both groups and disposition of those found to have disease or considered suspicious as given below:

Total number of Tuberculins given by both Staffs	5,867
Total number reported as showing positive reaction.....	1,773
Total number X-ray plates taken as result of survey	1,278
Total number X-ray plates showing disease	15
Total number X-ray plates considered suspicious	9

GROUP SURVEYS BY TUBERCULIN TEST—1939

Results

Of those considered to have Tuberculosis when plated	15
Admitted to Sanatoria for observation	7
Found in no need of treatment	4
Still having treatment	3
Disease considered arrested and no treatment necessary.....	5
Treatment necessary but not yet admitted	1
Admitted for treatment and died	1
On further examination no Tuberculosis found.....	1
Of those considered to be suspicious	9
On further examination no suspicion of Tuberculosis found.....	4
To be kept under further supervision	5
Of the 1,116 reported by the Department of Health as having Positive Tuberculin reaction:	
Number not yet reported for X-Ray plates	556

As comparison of case finding methods:

At Manitoba Travelling Clinics:

White contacts routinely examined	4,305
Number found with adult Tuberculosis lesions	90
Number found with childhood type lesions	23
This number of contacts, 4,305, does not include any contact seen during Tuberculin Surveys done by Manitoba Sanatorium Staff.	

TRAVELLING CLINIC STATISTICS—1939

Total number of Travelling Clinics	122
Number of different Clinic centres	64
Total number examined at all Clinics	10,795

	Whites	Indians
Total number of Chest Clinics	105	17
Total number examined	9,546	1,249

As below:

Number previously examined	3,655	961
Number giving history of definite contact	4,418	219
Known Tuberculous patients reviewed	901	72

	Whites	Indians
Number of new diagnoses of Tuberculosis.....	181	53
of these:		
Active childhood lesions	26	12
Number suspect Tuberculosis	46	5
Number advised sanatorium treatment	104	19
Number advised admission for further investi- gation	70	28
Number admitted January, 1940	100	13

CLASSIFICATION OF 1939 DISCOVERIES

WHITES

ACTIVE

		Pulmonary Tuberculosis						Non-				
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child- hood Type	Pulmonary Known Bac.			
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.		Pos.	Neg.		Pleurisy	TOTAL
Under Male		---	---	---	---	---	---	7	---	1	1	9
5 yrs. Female		---	---	---	---	---	1	7	---	3	---	11
5 - 9 Male		1	---	---	---	---	1	6	---	1	1	10
years Female		---	1	---	---	---	1	13	---	1	1	17
10-14 Male		---	---	---	---	---	---	1	---	1	3	5
years Female		1	3	3	2	2	1	2	---	3	1	18
15-19 Male		---	4	1	---	3	---	---	---	2	5	15
years Female		2	4	6	---	12	1	1	---	5	6	37
20-24 Male		2	3	3	5	9	1	---	---	2	7	32
years Female		7	20	6	10	17	---	---	---	5	17	82
25-29 Male		1	3	4	4	10	3	---	---	3	7	35
years Female		4	8	9	2	10	---	---	---	2	5	40
30-39 Male		2	2	2	3	8	2	---	2	5	7	33
years Female		3	6	5	4	3	2	---	---	2	1	26
40-49 Male		1	3	3	2	4	2	---	---	3	---	18
years Female		---	2	3	1	4	1	---	---	1	1	13
50-59 Male		---	1	2	4	12	4	---	1	1	---	25
years Female		---	---	---	2	5	---	---	---	1	---	8
60-69 Male		1	1	2	4	5	1	---	---	1	---	15
years Female		---	1	1	1	2	---	---	---	---	1	6
70 & Male		---	---	---	---	2	---	---	---	---	---	2
over Female		---	1	1	2	2	---	---	---	---	---	6
Age not given		---	---	---	---	---	---	---	---	---	---	---
Male		---	---	---	---	---	---	---	---	---	---	---
Female		---	2	---	2	---	1	---	---	---	1	6
Total Male		8	17	17	22	53	14	14	3	20	31	199
Total Female		17	48	34	26	57	8	23	---	23	34	270
TOTAL		25	65	51	48	110	22	37	3	43	65	469

CLASSIFICATION OF 1939 DISCOVERIES

WHITES

INACTIVE

		Pulmonary Tuberculosis						Non-Pulmonary			TOTAL
		Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child-hood Type		Known Bac.	
		Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pleurisy	
Under	Male	---	---	---	---	---	---	---	1	---	1
5 yrs.	Female	---	---	---	---	---	---	---	---	---	---
5-9	Male	---	---	---	---	---	---	---	---	1	1
years	Female	---	---	---	---	---	---	---	---	---	---
10-14	Male	---	---	---	---	---	---	---	---	---	---
years	Female	---	1	---	---	---	---	---	1	1	3
15-19	Male	---	4	---	---	---	---	---	---	1	5
years	Female	---	1	---	---	---	---	---	---	---	1
20-24	Male	---	1	---	---	---	---	---	---	---	1
years	Female	---	6	---	1	---	---	---	3	1	11
25-29	Male	---	2	---	---	---	---	---	---	1	3
years	Female	---	4	---	---	---	---	---	1	---	5
30-39	Male	---	6	---	---	---	---	---	---	1	7
years	Female	---	6	---	2	---	---	---	3	4	15
40-49	Male	---	5	---	2	---	---	---	1	2	10
years	Female	1	4	---	---	---	---	---	2	1	8
50-59	Male	---	8	---	1	---	---	---	---	---	9
years	Female	---	4	---	1	---	---	---	---	---	5
60-69	Male	---	3	---	2	---	2	---	---	---	7
years	Female	---	2	---	---	---	---	---	---	1	3
70 &	Male	---	---	---	1	---	---	---	---	---	1
over	Female	---	1	---	---	---	---	---	---	---	1
Age not	Male	---	1	---	1	---	---	---	---	---	2
given	Female	---	---	---	---	---	---	---	---	---	---
Total Male		---	30	---	7	---	2	---	2	6	47
Total Female		1	29	---	4	---	---	---	10	8	52
TOTAL		1	59	---	11	---	2	---	12	14	99

CLASSIFICATION OF 1939 DISCOVERIES
INDIANS
ACTIVE

	Pulmonary Tuberculosis						Non-Pulmonary			TOTAL
	Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.	Child-hood Type	Known Bac.			
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pleurisy	
Under Male						1	2			3
5 yrs. Female										
5-9 Male		1		2			3	2		8
years Female					1		7		3	11
10-14 Male		2						1	2	5
years Female		2	1	3						6
15-19 Male				1		2		1		4
years Female		1		2	2			1		6
20-24 Male			1		1			1	1	4
years Female	1	1		1		2			1	6
25-29 Male										
years Female		1								1
30-39 Male			1	1						2
years Female						1				1
40-49 Male										
years Female				1						1
50-59 Male										
years Female										
60-69 Male										
years Female										
70 & over Male										
Age not given Male						1			1	2
Female										
Total Male		3	2	4	1	4	5	5	4	28
Total Female	1	4	1	7	3	3	7	1	4	32
TOTAL	1	7	3	11	4	7	12	6	8	60

CLASSIFICATION OF 1939 DISCOVERIES

INDIANS

INACTIVE

	Pulmonary Tuberculosis						Non-Pulmonary			TOTAL
	Minimal Known Bac.		Mod. Adv. Known Bac.		Far Adv. Known Bac.		Child-hood Type		Known Bac.	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pleurisy	
Under Male	---	---	---	---	---	---	---	---	---	---
5 yrs. Female	---	---	---	---	---	---	---	---	---	---
5-9 Male	---	---	---	---	---	---	---	---	3	3
years Female	---	---	---	---	---	---	---	---	2	2
10-14 Male	---	---	---	1	---	---	---	---	---	1
years Female	---	---	---	1	---	---	---	1	---	2
15-19 Male	---	1	---	---	---	---	---	---	---	1
years Female	---	---	---	---	---	---	---	---	---	---
20-24 Male	---	1	---	1	---	---	---	---	---	2
years Female	---	2	---	---	---	---	---	---	---	2
25-29 Male	---	---	---	---	---	---	---	---	---	---
years Female	---	---	---	---	---	---	---	---	---	---
30-39 Male	---	1	---	---	---	---	---	---	---	1
years Female	---	---	---	---	---	---	---	---	---	---
40-49 Male	---	---	---	---	---	---	---	---	---	---
years Female	---	1	---	---	---	---	---	---	---	1
50-59 Male	---	---	---	---	---	---	---	---	---	---
years Female	---	---	---	---	---	---	---	---	---	---
60-69 Male	---	---	---	---	---	---	---	---	---	---
years Female	---	---	---	---	---	---	---	---	---	---
70 & over Male	---	---	---	---	---	---	---	---	---	---
Age not given Male	---	---	---	---	---	---	---	---	---	---
Female	---	---	---	---	---	---	---	---	---	---
Total Male	---	3	---	2	---	---	---	---	3	8
Total Female	---	3	---	1	---	---	---	1	2	7
TOTAL	---	6	---	3	---	---	---	1	5	15

WHITES

STATISTICS FOR YEAR 1939

ADMISSIONS AND DISCHARGES—Manitoba Sanatorium
Central Tuberculosis Clinic
St. Boniface Sanatorium
King Edward Hospital

First Admissions:

As below:

	Male	Female	Total	
Bacillary Pulmonary Tuberculosis	89	131	220	
Non-bacillary Pulmonary Tuberculosis	51	55	106	
			-----	326
	Male	Female	Total	
Minimal	34	62	96	
Moderately advanced	41	57	98	
Far advanced	65	67	132	

			326	

Pleurisy with Effusion	20	19	---	39
Non-Pulmonary—Active	21	8	29	
Inactive	1	2	3	
			-----	32

Total of First Admissions				397

Re-Admissions

As below:

	Male	Female	Total	
Bacillary Pulmonary Tuberculosis	82	55	137	
Non-bacillary Pulmonary Tuberculosis	47	45	92	
			-----	229
	Male	Female	Total	
Minimal	6	15	21	
Moderately advanced	53	46	99	
Far advanced	70	39	109	

			229	

Pleurisy with Effusion	2	1	---	3
Non-Pulmonary Tuberculosis—Active	13	7	20	
Inactive	1	4	5	
			-----	25

Total of Re-Admissions				257
Number of Patients admitted for Review	27	27	---	54

Total number of Tuberculous Patients admitted in 1939				708
Number of Non-Tuberculous and Undiagnosed admissions				120

Total number Patients admitted to Sanatoria during 1939.....				828
				=====

WHITES

STATISTICS FOR YEAR 1939

DISCHARGES

	Male	Female	Total	
Patients discharged with arrested tuberculosis	67	54	121	
Patients discharged with quiescent tuberculosis	90	106	196	
Patients discharged with improved tuberculosis	69	63	132	
Patients discharged with unimproved tuberculosis	24	17	41	
Patients discharged dead	62	68	130	
			-----	620
Reviews discharged	26	27	---	53

Total number of Tuberculous patients discharged				673
Total Non-Tuberculous and Undiagnosed patients discharged				121
Total number of discharges for the year 1939				794
				=====
Number Tuberculous patients who left Sanatoria against advice—69.				

TRANSFERS

Transfers from Central Clinic to—Ninette	54		
St. Boniface	63		
King Edward	10		
	-----		127
Transfers from Central Clinic to Winnipeg General Hospital and back to the Central Clinic			6
Transfers from Ninette to the Central Clinic			4
Transfers from St. Boniface to—Ninette	1		
King Edward	1		
	-----		2
Transfers from King Edward to St. Boniface			6

Total number of transfers during the year			145
			=====

INDIANS

STATISTICS FOR YEAR 1939

ADMISSIONS AND DISCHARGES—Manitoba Sanatorium
St. Boniface Sanatorium
Central Tuberculosis Clinic
Dynevor Hospital

Total Number Admissions to Sanatoria for the year 1939	45
Total Number Tuberculous patients admitted	39
First Admissions—Total	35

As below:

	Male	Female	Total
Bacillary Pulmonary Tuberculosis	3	3	6
Non-bacillary Pulmonary Tuberculosis	7	10	17

			23

	Male	Female	Total	
Minimal	4	8	12	
Moderately advanced	3	4	7	
Far advanced	2	2	4	
			23	
Pleurisy with Effusion	3	1	4	
Non-Pulmonary—Active	5	3	8	
Re-Admissions—Total			3	
As below:				
	Male	Female	Total	
Bacillary Pulmonary Tuberculosis	1	1	2	
			2	
	Male	Female	Total	
Minimal	1		1	
Far advanced		1	1	
			2	
Non-Pulmonary Tuberculosis—Active			1	
Number of Reviews admitted			1	1
Number of Non-Tuberculous and Undiagnosed patients admitted.....				6
Number of Tuberculous Patients admitted during 1939.....			39	
Total Number of Patients admitted to Sanatoria in 1939				45

INDIANS

STATISTICS FOR THE YEAR 1939

DISCHARGES

Total Number of Discharges for the year 1939	49
Total Number of Tuberculous patients discharged	42
As below:	
	Male Female Total
Patients discharged with arrested disease	7 4 11
Patients discharged with quiescent disease	5 3 8
Patients discharged with improved disease	3 6 9
Patients discharged with unimproved disease	2 3 5
Patients discharged dead	4 4 8
	41
Reviews discharged	1
Total Number of Non-tuberculous patients discharged	7
Number of Tuberculous patients who left against advice	5

TRANSFERS

6 Transfers from Central Clinics to—St. Boniface.....	4
Manitoba Sanatorium	1
Dynevor Hospital	1

REPORTED DEATHS FROM TUBERCULOSIS

January 1st to November 30th, 1939.

Number of Deaths from Tuberculosis, January 1st to November 30th, 1939.....	349
Patients not reported as tuberculous previous to notification of death.....	31
Number of 1939 New Discoveries who died of tuberculosis in 1939.....	50
Whites	46
Reported Deaths from Tuberculosis of Winnipeg patients	71
Died at home	14
Dies in Sanatoria	33
Died in General Hospitals	14
Died in Mental Hospitals	10
	71
Reported Deaths from Tuberculosis of Whites outside of Winnipeg.....	164
Died at home	44
Died in Sanatoria	78
Died in General Hospitals	33
Died in Mental Hospitals	9
	164
Reported Deaths of Treaty Indians	114
Died at home	93
Died in Sanatoria	8
Died in General Hospitals	12
Died in Mental Hospitals	1
	114

CONTENTS OF REGISTRY FILE

December 31st, 1939.

	Known Cases	In Sanatoria	Active at Home	Suspects
Winnipeg	914	227	195	2
Rural	2,645	451	404	152
Transients and patients outside				
Manitoba	35	8	14	-----
Mental Hospitals	157	-----	-----	-----
Total Whites	3,751	686	613	154
Indians	370	45	134	13
TOTAL	4,121	731	747	167

COMMUNITY WORK

Amaranth-Alonsa District—The nurse reports marked improvement in a Ukrainian district in the mouth conditions of the children as a result of intensive health education on previous visits.

SPECIAL WORK

Number of classes to student nurses	5
Attendance at classes	55

CANCER CAMPAIGN

In April, a member of the staff was loaned to the Manitoba Cancer Fund for special educational work in the Town and Rural Municipality of Portage la Prairie. The Campaign Committee and the people served were very satisfied with the nurse's work, details of which follow. This particular nurse has resigned from the staff to be married, but another suitable nurse will be loaned for the work in 1940.

"The aims of the campaign were:

- 1. To educate the public regarding early signs and symptoms of the disease and the necessity for early diagnosis and treatment.
- 2. To inform the public that cancer in its early forms is curable.
- 3. To assist in overcoming fear of the disease.
- 4. To prevent innocent persons from going to charlatans, an attempt being made to combat these quacks by advising the public of the only recognized cancer treatments of the day; namely,

Surgery. X-ray. Radium.

- 5. To inform the public of the functions of the Manitoba Cancer Relief and Research Institute.

To accomplish or at least attempt to accomplish these aims, the key women and councillors in the district were contacted and meetings arranged, such as church organizations, United Farm Women and community clubs. These meetings were followed up by home visits whenever possible. There have been also a number of requests outside the Municipality to have a talk on the subject of cancer, which demonstrates that the public are anxious for authentic information regarding this subject.

During the campaign, which commenced April 17th, the worker in the district had three weeks out of the district when she was in charge of a cancer exhibit shown at Carman, Brandon and Portage la Prairie fairs. She also had time off for vacation and the month of September was spent in the Winnipeg office assisting in organization work for the fall campaign conducted throughout rural Manitoba.

The following information will give a brief outline of the work done and show some of the results:

A. 1. Number of cases of cancer reported in Portage la Prairie, 1934 to 1938....	36
2. Number of deaths from cancer reported in Portage la Prairie, 1934 to 1938	83

These figures show the necessity of education of the public so that they will consult a doctor in the early stages.

B. 1. (a) Number of meetings held in the Municipality and City of Portage la Prairie	14
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	(b) Average attendance at meetings	24
	(c) Number of homes contacted through meetings	336
	It is our hope that through these 336 homes, another 336 homes will be contacted.	
2.	(a) Number of meetings held outside the Municipality of Portage la Prairie	4
	(b) Average attendance at meetings	27
	(c) Number of homes contacted outside of the Municipality of Portage la Prairie	108
3.	(a) Number of groups of graduate nurses addressed	3
	(b) Average attendance	22
	(c) Number of nurses contacted through meetings	66
	This group, then, it is hoped, will do much in cancer control, as a Nurse is in a key position to refer patients to the proper source for treatment.	
	(d) Total number of meetings held, April 17 - December 15	21
	(e) Total number contacted through meetings	510
C. 1.	(a) Approximate number of first visits made in the Municipality.....	100
	(b) Number of homes revisited	11
	(c) Number of visits made to same 11	26
2.	(a) Number of persons manifesting suspicious symptoms and advised to consult a doctor	14
	(b) Number of persons known to consult doctor as result of visits.....	7
	(c) Number of persons known to have been detained for further treatment	3
	A number of these cases where patients consulted a doctor and remained for treatment, were ones who had received treatment some years ago and as the symptoms returned, were doing nothing about it. However, after several visits, the patients would go back to the doctor. Here again, the importance of having a nurse to follow up these cases is demonstrated.	
D.	Survey showed that in approximately 70% of the homes visited, fear of expense involved exceeded fear of cancer."	

SPECIAL HEALTH EDUCATION WORK.

HOMEMAKING SCHOOLS.

During the year, a member of the nursing staff gave a course of lectures and demonstrations on Personal and Community Hygiene, Child Care and Disease Prevention measures at the Homemaking Schools held at Gimli, Lundar, Beausejour and The Pas.

Total enrolment	130
Number of lectures and demonstrations	80
Total attendance	2,612

A course of Home Nursing and First Aid was given to women's groups at Cranberry Portage, The Pas, Winnipegosis, Lundar and Gimli.

Total enrolment	136
Number of lectures and demonstrations	46
Total attendance	654

A short course on Child Care and First Aid was given to the girls at the Devon Indian Reserve School, The Pas. The resident Anglican Missionary translated the teaching into the Cree language for the students.

Total enrolment	25
Number of lectures and demonstrations	5
Total attendance	80

A lecture and demonstration on prenatal and postnatal care was given with the aid of an interpreter to a group of Ukrainian women at The Pas.

A course of instruction on accident prevention and home nursing was given in co-operation with the Women's Institute and United Farm Women to group leaders who in turn relayed information received to their respective local groups.

Total number of groups	93
Total enrolment	1,388

Similar courses were also given to Women's Institute study groups in Dauphin, Sifton, Grandview, Gilbert Plains, Benito, Minitonas, Swan River, Lenswood, Bowsman, Makaroff, Roblin and Kenville.

YOUTH TRAINING CLASSES

A Public Health Nurse served as Camp Nurse and Instructor on personal and community hygiene, prevention of disease and anatomy, at the Youth Training Leaders' groups held at Gimli during July and August.

A Course of eleven lessons were given to girls at the Youth Training Centre in Winnipeg on Home Nursing, First Aid, Child Care, Personal Hygiene and Community Sanitation and Disease Prevention, and the students seemed interested. Simple teaching had to be given as the educational level of the students averaged Grade VII.

Total enrolment	136
Number of lectures and demonstrations	47
Total attendance	3,153

Health education has also been given at Youth Training centres at Wawanesa and Selkirk.

At Stonewall, a Child Study group was organized for young mothers.

REPORT OF FIRST AID CLASSES AT TRAINING SCHOOL FOR DOMESTICS, 130 AUSTIN STREET, WINNIPEG

Twelve classes have been given covering the following subjects:

1. Personal Hygiene
2. Anatomy and Physiology
3. First Aid in Emergencies
4. Communicable Diseases
5. Venereal Diseases

These classes were held once a week and the average attendance was 21. As the girls' previous schooling ran from Grade V to Grade XI, the work had to be taken up in a very elementary manner and was kept at about the level of what is taught in Grades VII and VIII in Public School. Many seemed interested and gave good response to questions and practical work, but there were some whose blank faces showed that the subjects were "over their heads".

SUPERVISION

Total number of visits of inspection and instruction made by the Supervisors to Staff Nurses	38
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ADMINISTRATION

Number of Nurses on the Staff, December 31st, 1938	41
Number of Nurses resigned during 1939	4
Number of Nurses on the Staff, December 31st, 1939	36
Number of Nurses on leave	4

A member of the Staff who had been on leave to work with St. Vital and Brandon Health Units, returned to us in April.

When war was declared, all members of the Nursing Staff at once offered their services to the government for work either overseas or in Canada. One member of the Staff has already been called.

The continuation of the war will undoubtedly mean many changes in staff and may retard the development of service to some extent.

In February, a nurse was assigned to public service work at Point du Bois. Her duties were to render first aid to employees of the City Hydro Plant, to give health supervision and health education to the school children and nursing care where necessary in the homes. A survey made of the nurse's duties in August, showed that there was not enough work in this small area to keep the nurse moderately busy, and that any graduate nurse giving a part time service, could meet the nursing needs of this community, consequently the service was discontinued at the year end.

It was found necessary to change the headquarters of the nurse working in the Riding Mountain district from Seech to Sandy Lake. This is a more central location and will, we hope, mean a greater demand for nursing service in the homes. Consulting and child welfare clinics will also be held in Sandy Lake.

In January, a nurse was again appointed to public service work in Brandon but was recalled in September, as a survey of the work showed that the demand for visiting nursing can very well be met by a part time local nurse.

Since the decrease in nursing staff in 1933, we have of necessity had to curtail routine physical inspections of school children and First Aid and Home Nursing classes in the schools to allow more time for health education and demonstration in the homes in the interest of maternal and child health. There has been a marked increase in group health teaching through the Provincial Youth Training Schools, the Group Leaders' movement of the Women's Institute and United Farm Women, to Men's and Women's Service Clubs and Church groups.

There is a steadily growing awareness by the public of the health value of im-

munization and dental clinics and of the preventive aspect of Public Health Nursing; and a closer co-operation between the Public Health Nursing group and the medical and social agencies and the individual physicians, but there is still much to be done in the service. There is need for more skilled supervision of the Nurses' work in the field and the development of a training centre near Winnipeg, where medical and nursing students could gain a knowledge of modern methods of Public Health Nursing and where new members of the Provincial Nursing Staff could learn the routines and techniques of the service before being assigned to a district.

In our efforts to improve the Nursing Service, by adopting newer and better methods of procedure, the qualifications of nurses taken on the staff have been revised to meet the present standards set by the National Organization of Public Health Nursing. This will ensure a more adequate preparation of the nurse to enable her to keep pace with the rapidly expanding Public Health programme. For the desire to serve must be coupled with the technical ability to serve well, to give service that will produce the desired results.

Minimum qualifications for nurses entering the Manitoba Provincial Public Health Service:

1. General education—high school graduation or its equivalent as determined by the Provincial Department of Education.
2. Professional preparation.
 - (a) Fundamental nursing education to conform to the standards set by the Manitoba Association of Registered Nurses.
 - (b) Provincial registration.
 - (c) A programme of study in a College or University in Public Health Nursing covering at least one academic year.

3. Personal qualifications.

It is of the utmost importance that a Public Health Nurse possess an interest in and ability to work with people;

That she have good physical health and emotional stability, initiative, good judgment and resourcefulness.

There is an increasing need of the provision of free scholarships available to capable Public Health Nurses to enable them to take post-graduate study in specialized types of public health work. This would raise the standards of nursing service and be an incentive to intelligent women to enter the public health field.

Although it is nearly a quarter of a century since a rural Public Health Nursing Service was instituted in Manitoba, there is still no continuous service to the greater part of organized territory. At the present time, a staff of forty nurses serve this Province of 219,723 square miles of land, with a rural population of 356,763. Of this number, eighteen nurses are carrying a generalized programme in urban and rural areas and twenty-two nurses are engaged in special forms of Public Health work; this number includes the administrative staff. Consequently, only the unorganized territory and a few municipalities are receiving a permanent service. To extend the work to all parts of the Province would require an addition to the staff of at least twenty nurses, yet a Province-wide service is necessary to adequately cope with the health needs of the people.

DEVELOPMENT OF SERVICE

With the development of other social and relief agencies serving rural Manitoba, the administrative office of the Nursing Division is increasingly serving as a clearing house for vocational advice and advice on Public Health problems.

During the year supervisory visits were made to nurses doing special work in Winnipeg, Winnipeg Beach, Gimli, Teulon, Vassar, Woodridge and the half-breed settlement at St. Madeline and St. Lazare.

Addresses on the Service were given at Winkler, Clearwater, Crystal City and Winnipeg.

The Division has representation on the Red Cross War Council and Welfare Committee, the Central Council of Social Agencies, Victorian Order of Nurses, Manitoba Association of Registered Nurses and the nursing section of the Canadian Public Health Association.

Departmental records and regulations have been revised and brought up to date.

Special surveys have been made of the nurses' work in Riding Mountain and Brandon and the necessary adjustments made.

Educational conferences are held monthly by the Nursing Staff in and near Winnipeg.

Special reports have been prepared and submitted to you on the future extension and improvements of the Nursing Service; and qualifications, salaries and length of service of the nursing staff.

As a group, we are most appreciative of the friendly co-operation of the staff of the various departments of the Government, the Children's Aid Societies, the nursing and teaching professions, dentists and physicians.

In conclusion, I again extend to you the thanks and appreciation of the staff for your constructive advice and leadership, and your keen interest in the development of the Division.

Respectfully submitted,

ELIZABETH RUSSELL,

Director of Public Health Nurses.

Division of Industrial Hygiene

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I beg to submit herewith the report of the Division of Industrial Hygiene for the year ending December 31st, 1939.

The Department has continued for the past year the examination of all men engaged in "prescribed occupations" in the mining areas of the province. This work being carried out under the existing agreement with the Workmen's Compensation Board.

There are other industries in Manitoba where Silicosis is also a definite industrial hazard, such as foundries, steel mills, quarries, etc., and although these are included in the amendments to the Regulations under "The Public Health Act" passed in 1937, it has so far not been possible to extend the examinations to include these industries. It would appear expedient that the question of uniform certification for all men exposed to this hazard should be given further consideration.

The facilities for the examination of men in Winnipeg prior to their entrance into the mining fields has been used to an increasing extent. During the year a total of ninety-one men were examined at this centre as compared to seventy-three last year, an increase of 25%. This has been found to be a most satisfactory procedure, both to the men and to the Department, and the mining companies have co-operated to the fullest extent.

During the summer all the mining centres in the province were visited by the Director, accompanied by an X-ray technician and complete portable X-ray outfit. At all mines except the Hudson Bay Mining and Smelting Company, those engaged in "prescribed occupations" were given both physical and X-ray examinations. At Flin Flon, examinations are given by the Flin Flon Medical Service, under Dr. P. D. Guttormson, and, with the exception of new men hired during the year, all certificates for these men originally certified by the Department are issued by Dr. Guttormson. At this mine eighty-eight new men were engaged since the previous year's visit, and in each case the records of the original examination and the X-ray plates were reviewed by this Department and certificates issued to eighty-seven of these men, only one being rejected.

A total of 1,066 men have been examined by the Department this year as compared to 782 in 1937 and 983 in 1938. A summary of the examination made during 1939 is shown in Table No. I.

TABLE No. I.
SUMMARY OF SILICOSIS SURVEY—MANITOBA, 1939.

Mine	No. of men examined 2nd time	No. of new men examined	Total No. of men examined	No. of certificates granted	No. of certificates refused
Gunnar Gold Mines	94	11	105	99	6
Oro Grande Mines	11	11	22	20	2
San Antonio Mines	137	62	199	198	1
Laguna Mines	41	2	43	42	1
God's Lake Mines	70	14	84	80	4
Flin Flon Mines	---	88	88	87	1
Sherritt Gordon Mines	242	116	358	357	11
Gurney Gold Mines	47	22	69	66	3
Examined in Winnipeg	17	81	98	91	7
TOTALS	659	407	1,066	1,030	36

As on previous years, it is significant that such a large number of men (407 or 38.3%) were not working in the mines when the survey was made last year. It would appear that the mining industry is subject to an unusually large yearly labor turnover and that the interval of one year between surveys should be the absolute minimum if proper control is to be exercised over the men so employed.

The total of 36 men refused certificates is higher than on previous years, but is partly accounted for by the fact that seven men, who had been examined and turned down on previous surveys, again presented themselves for examination; in each case certificates were again withheld.

This year it was also found necessary to refuse certificates to seven men who had previously been granted permission to work underground. In two of these cases active tuberculosis was found which was not formerly present, and these cases were hospitalized for treatment. In the five other cases it was advised that the men be removed to surface occupation where the dust hazard would be less severe. By so doing it is felt that these men may continue in gainful employment for many years, whereas continuous heavy dust environment might shorten their period of usefulness.

TABLE No. II.
ANALYSIS OF REJECTIONS—SILICOSIS SURVEY
MANITOBA—1939.

Analysis of Rejections of Mining Certificates, 1939	Active Tuberculosis	POOR RISK X-ray evidence of Old Tuberculosis not necessarily active	POOR RISK X-ray evidence of increased fibrosis, adhesions, etc.	POOR RISK X-ray evidence heart lesions or other abnormalities	Total
New men examined 1939	0	6	13	3	22
Men previously em- ployed but refused certificates this year	2	0	5	0	7
Men re-examined who had previously been refused certificates..	1	2	4	0	7
TOTAL	3	8	22	3	36

Out of the 407 new men examined it was necessary to refuse only 22, or 5.4%, slightly less than last year. An analysis of all rejections is given in Table No. II.

It is of interest to note from the above that 33 out of 36 rejections (91.6%) were made because the men concerned were considered to be poor risks for work where Silicosis dust was a hazard. Of the 22 new men, none were found with actual infection, but for the reasons noted they presented undesirable features which might lead to serious complications in future. In the case of men who had previously been granted certificates, only those in whom it was considered to be detrimental to their health to allow them to remain, were advised to take a less hazardous occupation. As mentioned in last year's report, there still are working in the mines over 50 men whose chests show definite evidence of change due to silica dust. But as long as they remain non-infectious to their fellow workers, and do not present any increased disability, they will be allowed to remain. Many of these men are being checked at more frequent intervals than one year, and all are being carefully watched. Up to the present, no definite case of Silicosis, causing sufficient disability to come under "The Workmen's Compensation Act", has occurred in the mining industry in Manitoba. It is believed that a continuance of our present policy will reduce to a minimum the cost of compensation due to this cause in future.

As in past years, the Division of Industrial Hygiene has continued to give co-operation to the Department of Labour in the investigation of other health hazards of an industrial nature. With the continued advance of industry in Manitoba, and with increasing interest being shown by employer and employees alike in industrial health hazards, the work of the Division in this connection must become increasingly important. We are seriously handicapped in any investigation of occupational hazards because of lack of trained personnel and adequate laboratory equipment. While in many instances it has been possible to be of practical service to industrial physicians, in an advisory capacity, it will not be until we are fully equipped to analyze questionable substances, test potentially harmful atmospheres, or have the personnel to make adequate industrial surveys, that the Division can take its proper place in the field of preventive medicine.

Respectfully submitted,

M. R. ELLIOTT, M.D.,

Director, Division of Industrial Hygiene.

Division of Food Control

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrook Street, Winnipeg.

Sir:

I have the honour to submit herewith my report for the year ending December 31st, 1939.

My predecessor, Dr. W. A. Shoults, retired on April 30th, 1939, at which time I assumed my present duties. I beg to pay tribute to the untiring efforts of Dr. Shoults in forwarding the work of this Division. Particular credit is due him for his work in improving the public milk supplies in the Province.

SANITARY MEASURES RELATING TO FRESH MEATS

Appropriate attention has been given to inspection of slaughter-houses and abattoirs, with the exception of those controlled by federal authorities.

SLAUGHTERING PLANTS

Licenses issued during the year:

Butchers' small slaughterhouses	190
Beef Ring slaughterhouses	47
Abattoirs	7
<hr/>	
Total	244
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INTERIM PERMITS TO SLAUGHTER

Issued during the year—67.

These permits are issued, on application, to farmers to permit them to slaughter animals of their own raising during the months of December, January and February. Meat may only be sold by the carcass, side or quarter.

BUTCHERS' SMALL SLAUGHTERHOUSES

During the year practically all the slaughterhouses in the Province have been inspected. For the most part they were found to be in a fair state of sanitation. However there were a number in an insanitary condition and the operators were advised to comply with the regulations. Such advice was usually heeded and in only a few instances was further action necessary. This action took the form of cancelling the license, or advising the operator that a license for 1940 will not issue until the regulations respecting slaughterhouses have been complied with.

ILLEGAL SLAUGHTERING

During each year we receive information re illegal slaughtering. The persons con-

cerned are advised of the regulations and warned that continuance of the practice will result in prosecution. Such a warning is usually sufficient though prosecution has been necessary in a few instances.

BUTCHER SHOPS

A number of butcher shops were inspected at the time of inspecting slaughterhouses or on receipt of complaint. As butcher shops are not licensed by this Department and we have no list of shops in the Province, no attempt was made to inspect all the shops. From inspections made we are led to believe that a gradual improvement is being made in the handling of meat in most of the shops in the Province. Unfortunately there are still some butchers who handle fresh meats without proper facilities and refrigeration. The most effective means of correcting this situation we believe is to license and adequately supervise all butcher shops.

DISPOSAL OF DEAD AND CRIPPLED ANIMALS

Deads and cripples may only be removed from the Union Stockyards, St. Boniface, by permission of the Senior Market Supervisor.

Deads released to rendering plants during the year:

Cattle	137	Sheep	187
Calves	316	Horses	16
Hogs	284		

Crippled and injured animals slaughtered in abattoirs under official inspection:

Cattle	214	Hogs	13
Calves	37	Sheep	3

Rendering Plants licensed during the year—1.

PRODUCERS' MARKETS.

Licenses issued during year:

Winnipeg	3	Portage la Prairie.....	1
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RESTAURANTS

Due to the fact that restanurants are not licensed, no attempt was made to conduct regular inspection of eating places in the Province. May I respectfully submit that in the interest of public health it would be advantageous to license and adequately supervise all restaurants, cafes, etc., in the Province. In reports of previous years, Dr. Shoults outlined a plan for licensing and supervising restaurants that I submit is worthy of consideration and action.

BAKERIES

In response to complaints received or on the request of health officers, inspections were made of a few bakeries during the year. "The Public Health Act" provides for the licensing of bake shops in the Province, but as yet no attempt has been made to carry out this clause of the regulations. Such an action will be necessary to secure adequate control of the supervision of these establishments.

One outstanding defect noticed in bake shops visited, is the lack of proper refrigeration for pastries of the custard and cream filled type. Although no cases of food poisoning traceable to these products have been reported in this Province during the year, other centres of population have not been so fortunate, and it is recommended that action be taken to secure proper care in the preparation and storing of this type of pastry.

Two measures of value that might be adopted in the handling of filling for this type of pastry are:

- (1) All unpasteurized milk used in the preparation of the filling should be boiled either before or during the preparation of the filling.
- (2) Store the filling in sterilized containers at a temperature of less than fifty degrees Fahrenheit until sold or consumed.

The foregoing measures, if followed, would do much to lessen the chances of pathogenic organisms multiplying and producing harmful toxins in the product.

MILK SUPPLY TO SMALLER URBAN CENTRES

This Division co-operates with authorities in a number of smaller urban centres in supervising their public milk supply. Gratifying results have been noted and the importance of the work warrants its further extension. According to estimates made by reliable authorities about seventy-five percent of milk-borne epidemics occur in towns of less than ten thousand population and it therefore behooves health authorities to pay increasing attention to the supervision of public milk supplies in the smaller centres of population.

In order that this Division may effectively co-operate with the local authorities, the following plan has been adopted in a number of towns. Milk licenses are issued by the local authorities on the advice of the local health officer. Inspectors of this Division inspect the milk vendor's premises as often as possible, and usually in the company of the local milk inspector. Recommendations are then made to the health officer. This plan has the merit of placing at the disposal of the health officer the specialized training possessed by our inspectors, and permitting him to receive an opinion not influenced by local politics.

The plan, in order to be successful, requires the co-operation of all parties concerned which I am pleased to report has been freely offered in the following towns which we assisted in this way during the past year:

Stonewall	Carman	Souris
Russell	Neepawa	Virden
McCreary	Portage la Prairie	

HOSPITAL MILK SUPPLY

During the year a survey was made of the milk supply to the hospitals in the Province, exclusive of those in the Greater Winnipeg area.

A brief summary of the report reveals:

Hospitals receiving (1) Pasteurized milk	6
(2) Milk from tuberculin tested herds. Premises and methods of production satisfactory.....	19

(3) Milk from tuberculin tested herds. Premises and methods of production unsatisfactory.....	3
(4) Milk from untested herds, premises and methods of production unsatisfactory.....	6

UNDULANT FEVER

Four cases of undulant fever were reported during the year. The source of infection was not determined in any instance though a significant fact is that in all cases the patients were consumers of raw milk. The herds involved were not tested for Bang's Disease.

No other cases of milk-borne disease were reported during the year.

MILK PASTEURIZATION

Two new pasteurization plants were established in the Province during the year, a fairly large one in Winnipeg and a smaller one in Transcona.

Following is a list of cities and towns with the number of plants located in each.

Greater Winnipeg	13
Brandon	2
Portage la Prairie	2
Dauphin	1
The Pas	1
Flin Flon	1
St. Georges	1
Transcona	1
Total	22

Most of the plants comply substantially with the provisions of "The Public Health Act" and make an honest effort to put out a product that is safe and of satisfactory quality. However, I regret to report that a number of plants are operating without a license and do not comply with the requirements in construction, equipment or operation. We deem it imperative that all pasteurization plants be brought up to a satisfactory standard and in this connection permit me to quote the words used by Dr. Shoults in his report for 1937.

"And inasmuch as people have generally been led to believe by those engaged in public health work and by approved literature on disease prevention that pasteurization will effectively prevent milk-borne infections, may I be permitted to urge with all the emphasis at my command that a competent officer whose primary duty shall be the close supervision of all milk pasteurization plants in the Province be appointed to this Division."

Our efforts to have all plants comply with the regulations have been hampered by lack of qualified assistance and the lack of adequate facilities for the testing of pasteurized milk. In view of the increasing demand for pasteurized milk, and the necessity that it be safe beyond question, may I respectfully submit that measures necessary to bring all plants up to a proper standard be taken without undue delay.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION
PLANTS—GREATER WINNIPEG

During the year a change was effected in the inspection of the milk shippers' premises. The bulk of the inspection work is now done by sanitary inspectors in addition to their other duties. Due to the time required for their regular work and the size of the districts covered by each inspector, fewer inspections were made during the year than were made by an inspector attached to this Division whose sole duty was milk inspection. The work performed by the sanitary inspectors has been very satisfactory and I am pleased to report that a gradual and sustained improvement is noted in the milk shippers' premises and methods of producing milk. Unfortunately there are still too many shippers whose premises and methods of handling milk are not satisfactory and it now appears that a number of licenses will have to be cancelled unless necessary improvements are made in a reasonably short time. The shippers concerned are being so notified. Many people argue truthfully that good quality milk may be produced in poorly constructed buildings, but the fact remains that the every-day production of good quality milk is easier if the buildings and equipment are properly constructed and maintained. Particular emphasis has been placed during the year on toilet facilities and water supplies on the shippers' premises and a noticeable improvement is noted in these two important phases of milk sanitation.

Licenses issued in Greater Winnipeg area during the year.....	838
Licenses cancelled during the year	36
Licenses in force at end of year	802

Laboratory Testing of shippers' milk as received at pasteurization plants; this work was carried out regularly during the year.

Here follows a comparison of the results of the sediment and methylene blue test during the past four years.

	1936	1937	1938	1939
Shippers producing good milk	29%	43%	51%	57%
Shippers producing fair milk	62%	46%	38%	26%
Shippers producing poor milk	9%	11%	11%	17%

It will be noted that there has been a gradual increase in the percentage of shippers producing good milk which is gratifying. We regret, however, to report an increase in the number of shippers falling into the poor class. This increase may be more apparent than real in that more tests were taken during the year and the grading was somewhat more severe than in previous years. In spite of that, however, there is an increase in the poor class, and this may be attributed to two factors:

- (1) Depending on a policy of education, as opposed to strict enforcement of the regulations, to obtain the desired improvement in the quality of milk shipped.
- (2) Inspections not being as frequent as desirable, and in some instances, particularly in districts with poor water supply, inspection not being made early enough in the season to have much influence on the shipper.

In order to correct the first factor, shippers included in the poor class are now being warned that their licenses will be granted only on condition that an immediate and sustained improvement is noted in the quality of milk shipped. It is felt that after six years of milk supervision, all shippers should now be in a position to ship milk of satisfactory quality, and that the product of those shippers who fail to

exercise the care necessary in the production of clean, good quality milk, should be excluded from the fluid milk market.

Laboratory tests on milk for the past four years have been conducted at the University of Manitoba. While this arrangement has been satisfactory, it is felt that more and better work could be done at less expense if a laboratory were set up in the City, and I would suggest that the matter is worthy of consideration.

Thanks are due Professor R. W. Brown and the Dairy Husbandry Department of the University for the use of laboratory and equipment during the year, and co-operation in conducting tests on milk samples.

TUBERCULIN TESTING OF CATTLE

Owing to the fact that considerable tuberculosis in humans, particularly in children is due to the consumption of raw milk from tuberculous cattle, this subject is of interest to public health authorities, and we desire to present a picture of the situation as it exists in the Province with special attention being paid to the area adjacent to Winnipeg.

During the year the restricted area for the control of bovine tuberculosis has been extended so that now approximately forty-six municipalities are included in the area. Owing to the potential hazard to public health in the consumption of milk from untested cows, and the fact that the restricted area plan is the most suitable yet advanced for controlling the disease, it is desirable that the restricted area be extended as rapidly as possible. To this end a number of meetings were addressed and some letters written in an endeavour to have the necessary petitions signed in untested areas.

Within recent years a number of municipalities near Winnipeg have been included in the area and the percentage of reactors has been higher than in municipalities further away. The following table will serve to illustrate the point:

The Result of Initial Tests in Various Municipalities

Municipality	Percentage of Reactors
Rosser	27.3%
Charleswood	35.8%
St. Boniface	31.7%
Assiniboia	27.8%
Brooklands	2.1%
Winnipeg (South)	6.8%
Roblin	1.7%
Arthur	2.9%
South Norfolk	1.8%
Morton .....	.84%

Note: Above figures taken from reports of the Veterinary Director General for Canada.

Municipalities not in the restricted area, from which milk is shipped to Greater Winnipeg, include:

Woodlands	East Kildonan	Springfield
Coldwell	North Kildonan	Tache
Rockwood	Part of Ritchot	Ste. Anne
St. Andrews	West St. Paul	Hanover
Old Kildonan	East St. Paul	DeSalaberry
West Kildonan	Transcona	LaBroquerie

We are led to believe that the percentage of reactors in some of the foregoing municipalities will be similar to those in municipalities near Winnipeg that have already been included in the restricted area. If our belief is correct it has particular significance because of the following:

(1) The number of dairy cattle in such untested areas is higher than in districts further from the City.

(2) The density of population is greater than in other parts of the Province and therefore a proportionately greater number of children will be consuming raw milk from untested cattle apt to be tuberculous.

(3) The bulk of the supply (about 60%) to the pasteurization plants in Greater Winnipeg comes from untested herds in the area under consideration.

CERTIFIED MILK

Parrish Farms at Parkdale are the sole producers in the Province of this grade of milk. The quantity sold is small, and no difficulty has been encountered in maintaining the required high standard.

TRUCKING OF MILK

The proper transportation of milk is still a matter of concern to milk shippers, plant operators and health officials. While some improvement is evident, too great a quantity of milk is being transported in trucks without proper protection from dust, contamination and changes in temperature. Greater co-operation on the part of truck owners and operators in protecting the milk and cans during transit would do much to improve the general quality of the milk supply.

Respectfully submitted,

E. J. RIGBY, B.V.Sc.,

Chief Food Inspector.

Division of Sanitation

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
320 Sherbrook Street, Winnipeg.

Sir:

I have the honour to submit a report of the work done during the year ending December 31st, 1939.

GENERAL INSPECTION AND ABATEMENT OF NUISANCES

Under this heading there is presented a fairly accurate record of the various inspections and investigations made by the sanitary inspectors and compiled from the reports which are submitted monthly.

General Routine Inspections:

Apartments	22
Bakeries	23
Bottling Plants	12
Cafes	131
Cemeteries	6
Creameries (Cheese Factories)	129
Dairies	500
Disposal of Dead Animals	4
Dwellings	429
Fur Farms	7
Food Stores	285
Hotels	58
Hospitals	30
Institutions	19
Industrial and Construction Camps	42
Laundries	31
Lanes	186
Lodging Houses	57
Poolrooms	53
Piggeries	29
Privies	1,223
Plumbing and Drainage Systems	216
Poliomyelitis Investigations	16
Storage of Waste	689
Summer Camps	74
Sewage Treatment Plants	117
Stables	803
Stores	26
Schools	31
Swimming Pools	3
Slaughterhouses	199

Second-Hand Stores	6
Typhoid Fever Investigations	124
Vacant Lots	26
Waste Disposal Grounds	36
Yards and Areas	1,484
Investigation ice cutting	2
Investigation Sewage Odor	1
Investigation Heating and Venting Systems	1
Total	<u>7,130</u>

Water Supplies:

Wells	1,002
Surface Waters (rivers, etc.)	634
Ice	20
Reservoirs	42
Chlorinating Appliances	17
Re-inspections	292
Total	<u>2,007</u>

Nuisances Abated:

Defective Cellars	210
Dirty Yards	31
Discharge of Sewage into Public Water Supplies.....	2
Illegal Occupation of Cellars	3
Improper Storage of Food	28
Improper Storage of Milk	18
Improper Handling of Milk	18
Lanes (Nuisances)	89
Improper Storage and Removal of Manure	144
Lack of Scavenging Service	29
Lack of Natural Light	4
Lack of Ventilation	4
Overcrowding	13
Plumbing Defects	15
Privies	172
Stables—Dilapidated and Insanitary	10
Use of Surface Water	2
Unsound Food	18
Vermin	4
Waste Disposal	303
Waste Disposal Grounds	22
Total	<u>1,139</u>

Water Supplies:

Wells—Defective Construction	31
Wells—Disinfected, etc.	27
Surface Supplies (Warning re Pollution)	82
Chlorinating Appliances Defective	5
Total	145

Complaints Received:

Re Nuisances	38
Re Condition of Water Supplies	8
Re Condition of Waste Disposal	25
Total	71

Notices Served:

Statutory	118
Informal (Written)	150
Verbal Warnings	508
Total	776

Samples Taken:

Wells	489
Surface Supplies (Rivers, etc.)	150
Other Sources	44
Ice	29
Milk	126
Chemical	18
Total	856
Premises Quarantined	8

ABATEMENT OF NUISANCE

The total number of complaints received and investigated was greater, a total of seventy-one compared to forty-four during 1938. While there was a little delay in the abatement of certain conditions involving work of wider application and expense, efforts were eventually successful.

WATER SUPPLIES

Municipal.—Apart from the extension and replacement of water mains no new water works construction was undertaken. Changes contemplated in the water treatment systems in the City of Brandon and Town of Dauphin are still under consideration. Final sterilization of one town supply was again recommended and it is to be hoped that the necessary equipment will be installed during the coming year.

Judging by bacteriological analysis, municipal supplies are relatively safe and

satisfactory. There is, however, a need in certain quarters for a greater appreciation of the importance of water treatment and a supply which meets the more exacting sanitary standards of the present day.

Private Supplies.—Routine procedure in sampling, bacteriological and also several chemical analyses of private water supplies was continued and every possible effort made to educate owners to carry out necessary changes essential for the protection of waters, particularly in wells and dug-outs, and the methods of sterilization of surface waters used for domestic purposes.

While the Province would appear to be comparatively free from water-borne disease in general, there is an occasional outbreak which apart from its seriousness may serve as a warning to all that water once polluted with the necessary infective agent, can still be extremely damaging and dangerous. An outbreak of this nature occurred during the early part of the year and according to our findings, polluted water was the offending agent. The existence of conditions which make these infections possible are as a general rule to be found where there is no organized health department having the necessary technically trained personnel to carry out regular inspections to prevent installation of unsatisfactory piping systems or the possible connection between potable supplies and plumbing and drainage systems. Under these circumstances it is imperative that this Division undertake regular routine examination of water supply systems in places of business or industry where competent sanitary inspectors are not available locally. From experience it would appear that these outbreaks are, during their height, quite effective in emphasizing to all concerned, the seriousness of polluted waters and their dangers, but this effect is only of a temporary nature. In this latter connection it may be well to quote in part from a recent official publication respecting liability for water-borne disease.

“It is now a well established principle of law that a purveyor of water for human consumption, whether a private water company or a municipal corporation, will be liable for damages to consumers who contract diseases from the water as a direct result of negligence on the part of the purveyor. While not an insurer or guarantor of the purity and potability of the water, a municipal or private corporation has the duty of ascertaining the quality of its water supply, and it must take all necessary precautions to safeguard the health and welfare of those who use the water. Failure to discharge this responsibility creates a legal wrong.

“In view of the numerous outbreaks of water-borne disease that have occurred in this country and abroad, and in view of the many court decisions upholding awards of substantial money damages to persons injured by contaminated water, this legal doctrine ought to be familiar to all water works officials. Too many public and private vendors of domestic water supplies seem unable, however, to learn the bitter lesson of experience.

“In 1878, for example, there occurred at Caterham and Redhill, in England an epidemic of typhoid fever, caused by pollution of a public well by a workman who was a carrier of typhoid fever. Here was a salutary lesson, and yet 60 years later history repeated itself.

“Late in 1937 and in 1938 Croydon, England, was visited by a disastrous epidemic of typhoid fever, upon which we commented editorially last May. According to more recent reports in British medical publications, this preventable outbreak was responsible for 322 primary and 19 secondary cases of typhoid, with 43 deaths. This unnecessary slaughter was due to contamination of a public well by a workman who was a typhoid carrier.

"Since the corporation had negligently omitted the customary filtration and chlorination of the water supply while the workmen were engaged in their operations, this London suburb is reported as now being confronted with claims for damages for this epidemic amounting to more than £100,000, or nearly half a million dollars. Carelessness in community health protection apparently does not pay.

"In a lawsuit brought against the corporation by a father whose daughter suffered a dangerous illness in this outbreak, an award of £400 damages is said to have been made by the English High Court. The corporation, apparently realizing the hopelessness of reversing this decision, is reported as having decided not to appeal.

"The court made its adjudication mainly on the matter of negligence. Since the father and not the daughter had a contractual relationship with the corporation under existing statutes, there was no breach of warranty in the case of the daughter. There was, however, the right of redress at common law for negligence, and this was adequate to justify the award upon proof of the fault of the corporation.

"The American courts have taken the same position in a long line of decisions. In 1928, for instance, an award of \$2,000 to a minor and \$1,000 to his father was sustained by the highest court in New York in a case where typhoid fever had been contracted from a city water supply which had been contaminated by sewage from an old canal.

"Despite unfortunate experiences such as this, an epidemic of water-borne typhoid occurred in Olean, N.Y., in 1928 and resulted in the payment of claims by the city amounting to more than \$400,000. We repeat that negligence in performing an important public health duty such as the maintenance of the purity of a domestic water supply is a costly mistake.

"Sanitarians, municipal authorities, and water works officials should take keen cognizance of their legal responsibilities, and should carefully consider the legal liabilities of public and private corporations in performing such proprietary functions as dispensing water and disposing of sewage. Prevention of disease in such instances not only is a necessary humanitarian duty, but it is an economic safeguard of vast significance. The maxim that ignorance of the law is no excuse is not yet obsolete."

Our efforts in connection with the purity of water supplies have been considerably increased, as evidenced by the number of samples obtained for bacteriological analyses, which was 856 compared to 416 for 1938.

Ice.—Ice sampling was continued during the winter months, and an effort is being made to carry this work further afield, in co-operation with the medical health officers in the rural areas.

A new ice reservoir was constructed in St. Boniface during the year and is now in operation. With three such reservoirs located in St. James, Transcona and St. Boniface, and the use of water from the Greater Winnipeg Water District, the ice supply is now of a high standard of quality, and should have the effect of gradually precluding ice from less desirable sources.

SEWAGE TREATMENT AND DISPOSAL

No new sewage treatment plants were constructed during the year. Plants now

in operation, of which there are nine, continued to give relatively satisfactory service. Complaints regarding offensive odors from the plant in Greater Winnipeg were again registered. Since taking the matter up with the responsible authorities, conditions have been rectified. Incidentally, with new plants there are quite a few adjustments to be made in the methods of operation and these are only possible over a period of time and experience with the type of sewage being treated.

POLLUTION OF WATER COURSES

In the course of other activities the prevention of the pollution of rivers and other waters is given attention when opportunity affords, the protection of these waters being an essential part of our duties.

While river flows or discharges are recorded by the Dominion Water Power and Hydrometric Bureau, comparatively little has been done towards the determination of the actual quality of the waters, chemically, biologically or bacteriologically. Such information is of considerable value in connection with proposed water supplies, quality of sewage effluents which may be safely discharged, and for bathing and recreation. Failing such data our only resort is the occasional sampling for bacteriological purposes, a measure which only gives a very small part of the entire picture of sanitary quality.

During the past winter opportunity was offered to take part in a survey of the Red River being conducted by the North Dakota and Minnesota State Boards of Health. Owing to lack of technical facilities and personnel in other quarters, our sanitary inspectors carried out the necessary field work in obtaining the necessary samples, a total of 990 being obtained up to the end of the year. Eight sampling stations were selected between Emerson and Winnipeg, a distance of approximately 101 river miles. Analytical work was conducted by the chemists and engineers at Grand Forks. The information which will eventually be presented in a report will be of inestimable value and endeavour should be made to provide the necessary facilities to carry on this work on other rivers.

PLUMBING AND DRAINAGE

The installation of plumbing and drainage systems in the rural areas appears to be increasing. There were seventy-two permits issued, an increase of twenty-one compared to 1938, and forty-seven over the year 1937. All installations were inspected, tested and approved. Several septic tanks with rock filters were installed where previously raw sewage was discharged direct into rivers. A number of similar changes have been ordered and agreed to for the coming year. Safe sewage disposal and a clean and abundant water supply under pressure remove almost entirely any hazard from typhoid or other filth-borne infection.

FUMIGATION BY HYDROCYANIC ACID GAS

Four licenses were issued, and one was refused, owing to lack of knowledge and experience in handling this gaseous fumigant. Two hundred and eighty fumigations were reported, an increase of forty-two over 1938. Twelve requests for fumigating services were received from rural areas and were given the necessary attention by licensed fumigators at our request. No serious accidents occurred, but two young children in northern Manitoba, partially overcome with hydrocyanic acid gas, were successfully treated by physicians, following an attempt at fumigation by one not conversant with the dangers, and unlicensed.

SCHOOLS

Owing to other duties, few complete sanitary surveys of schools were made. Most of the work done in schools was in connection with the quality of water provided and methods of waste disposal. A great deal of improvement in the sources and quality of water dispensed to pupils is necessary. This is particularly the case where water is brought from outside of the school premises from questionable sources. Common drinking utensils have been eliminated to a large extent and the most important matter that now confronts school trustees and also this Department is to see that the water supplies are above suspicion.

There is a definite need for specific regulations respecting the general sanitary and hygienic condition of schools.

SUMMER RESORTS AND TOURIST CAMPS

These resorts situated within an approximate radius of fifty miles from Winnipeg were inspected during the early part of the summer vacation season. General conditions were found to be reasonably satisfactory. Follow-up work in connection with necessary remedial measures or improvements was not possible to the same extent as in previous years.

INDUSTRIAL AND CONSTRUCTION CAMPS

The co-operation and assistance of the Department of Public Works in the improvement and sanitary condition of road camps has been of great help in the general enforcement of regulations. Owners of wood cutting and other industrial camps have been delinquent in notifying the Department of the existence and location of camps to a large extent despite publication of notices in the public press. As these camps are often located at considerable distance from roads or railway, the work of locating and inspecting is rendered more difficult. The total number of camps inspected was forty-two.

COMMUNICABLE DISEASE

In certain areas east of the Red River typhoid fever is far too prevalent. Necessary sanitary investigations made in co-operation with the Division of Epidemiology, show a general lack of satisfactory sanitary facilities, and a greater lack of knowledge as to the importance of a sanitary environment. During the autumn of 1938, a survey in one small locality following the appearance of several cases of typhoid, showed that out of thirty premises, sixteen were entirely without any closet accommodation. The remainder had facilities that were little better than nothing. These conditions have now been corrected and each family provided the necessary information in bulletin form concerning sanitary principles. The objectionable feature of these efforts on our part is that we usually take corrective measures after disease has developed. Each new case of typhoid may become a carrier and a menace to his family or associates. The correction of insanitary conditions should be a matter of deliberate and continuous effort in order to prevent disease and if not carried out, then the annual crop of filth-borne infections will continue from year to year.

NORTHERN MANITOBA

General sanitary conditions in the northern portions of the province continue to be satisfactory. General improvements in water and milk supplies have been undertaken and also closer supervision over food stores, restaurants, etc.

GENERAL

The entire year has seen a greater activity in practically all branches of work. Starting in the month of May we accepted additional duties which normally have come under the Division of Food Control. This effort was directed to inspections of dairies, slaughterhouses, and butcher shops, and investigation of sources of hospital milk supplies, viz.:

Dairies	620
Slaughterhouses	191
Butcher shops	187
Hospital milk supplies	20
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Total	1,018
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This latter work was only made possible by the appointment of an additional qualified sanitary inspector to the staff, ninety percent of whose time has been occupied by this work alone.

In assuming these added duties it was necessary to curtail to some extent the usual procedures which have been attended to annually.

In conclusion, I wish to express my sincere appreciation and thanks for the help and support of those with whom I am privileged to work and to the sanitary inspectors of the Division who have given of their very best in the prosecution of the work in hand.

Respectfully submitted,

J. FOGGIE,

Chief Sanitary Inspector.

Division of Maternal and Child Hygiene

Dr. C. R. Donovan, D.P.H.,
Director, Division of Disease Prevention,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I beg to submit the Report of the Division of Maternal and Child Hygiene for the year 1939.

The work done through this Division has been mainly along educational lines, consisting of lectures and demonstrations regarding maternal and child care. A film strip is being prepared in this connection and will be available in the near future. "The Manitoba Baby" was revised and is again being distributed in large quantities and a reprint will be necessary soon if we expect to supply all the requests that come in.

The Maternal Survey, carried on in connection with the Rockefeller Foundation and the Dominion Government, has had a successful year and a great many reports have been sent in by the practising physicians. The survey will be completed in April, 1940, and when the findings are tabulated, it is expected that we will have a great deal of valuable data, which will form the basis of an extensive programme in the prevention of infant and maternal deaths. Preliminary studies point out that there is much work to be done along this line.

I have the honour to be Sir,

Your obedient servant,

A. MARGUERITE SWAN, M.D.,

Director.

Provincial Bacteriological Laboratory

Dr. F. W. Jackson, M.D., D.P.H.,
Deputy Minister of Health and Public Welfare,
Legislative Buildings,
Winnipeg, Manitoba.

Sir:

Herewith I beg to submit a report of the work carried out during the period from January 1st, 1939 to December 31st, 1939 at the Provincial Bacteriological Laboratory:

	Number
Bacteriological examinations of water and ice for drinking purposes.	
Number of samples	2,756
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc. Number of samples	305
Examinations of swabs from patients and contacts for the presence of the diphtheria bacillus	3,670
Positive 216 Negative 3,454	
Wassermann tests on blood and spinal fluid for syphilis. Specimens from persons	33,261
Positive 1,640 Negative 31,621	
Examinations of pus for the gonococci	644
Positive 124 Negative 520	
Examinations of sputum for the tubercle bacilli	164
Positive 7 Negative 157	
Widal agglutination tests for typhoid fever	270
Positive 72 Negative 198	
Agglutination tests for paratyphoid A and B fever	60
Positive 0 Negative 60	
Agglutination tests for Brucella abortus and Brucella melitensis—Undulant fever	57
Examinations of swabs for hemolytic streptococci	26
Positive 0 Negative 26	
Examinations for Vincent's Disease	67
Examinations of spinal fluid for Meningococci, etc.	52
Examinations of pleuritic fluid for the tubercle bacilli, pneumococci, etc., and special examinations, transudates and exudates and gastric contents	92
Examinations for ringworm, anthrax, glanders, actinomycosis, rabies, tularemia, blastomycosis, etc.	156
Examinations of urine for gonococci, tubercle bacilli, etc.	1,131
Examinations of feces for amebae, etc.	199
Examinations of blood for bacteria, etc.	58
Examinations of tissues for cancer, etc.	145
Examinations of hospital "Dressings" for sterility	12
Virulence and special animal tests	174

During the period convalescent serum for the treatment of Poliomyelitis was also prepared and distributed to various points in Manitoba.

Respectfully submitted,

FRED CADHAM, M.D.,

Director of Laboratory.

Division of Health Education

Dr. F. W. Jackson, D.P.H.,
Deputy Minister,
Department of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the Division of Health Education for the year 1939.

During the past year, an extensive programme has been carried out in co-operation with the Department of Education, the Dominion-Provincial Youth Training Plan and various women's organizations, as well as through the Bureau of Health Education.

Co-operating with the Department of Education, the Department of Health and Public Welfare made arrangements for a member of the medical staff to examine students at Summer School and the two provincial Normal Schools as well as the Faculty of Education.

SUMMER SCHOOL, 1939

A course in health education was offered to teachers attending summer school held under the auspices of the University of Manitoba. In addition to lectures and demonstrations, physical examinations were offered gratis to the students registered in the class. The entire group of 67 reported for examination. A summary of the findings follows:

Number examined—67.

Defects noted:

Eyes require further examination	20
Dental care required	7
Underweight	12

Tuberculin Reactions:

Positive	34
Negative	31
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Total	65

The students showing positive tuberculin reactions were X-rayed but no cases of active disease were found.

Wassermann Reactions:

Positive	0
Negative	67
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Total	67

Schick Reactions:

Positive	29
Negative	29
Non-interpretable	7
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Total	65

In addition to the students enrolled in the health education class a number came in voluntarily for Schick, Wassermann and tuberculin tests:

Tuberculin Reactions:

Positive	90
Negative	116
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Total	206

No active cases of tuberculosis were found in this group.

Schick Reactions:

Positive	94
Negative	79
Non-interpretable	31
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Total	204

Wassermann Reactions:

Positive	0
Negative	211
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Total	211

NORMAL SCHOOLS, 1939

The health work in the Normal Schools at Winnipeg and Brandon consists of

- i a health service to the students;
- ii a course of instruction in "The Growth and Development of the Child" and "Methods of Teaching Health".

This work is done by one of the departmental nurses who spends every morning at the Winnipeg Normal School and 3 two-week periods at Brandon.

Winnipeg:

Each student was given a complete physical examination at the beginning of the academic year. Schick, Wasserman and Tuberculin tests were done and defects noted. The follow-up work in connection with the correction of these defects was done by the nurse.

Number of students examined—150.

Defects noted:

Eyes required further examination	24
Dental care required	15
Underweight	20
Require vaccination against smallpox	36

Tuberculin Reactions:

Positive	33
Negative	117
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Total	150

No active cases of tuberculosis were discovered in this group.

Wassermann Reactions:

Positive	0
Negative	150
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Total	150

Schick Reactions:

Positive	53
Negative	76
Non-interpretable	21
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Total	150

All students who required vaccination against smallpox, have had this done. Those with positive Schick reactions have had three doses of toxoid, and those with a non-interpretable Schick reaction have had five doses of dilute toxoid.

The course of instruction is intensive and embraces many aspects of the field of health. Each student is given ample opportunity for practice teaching, health inspection of school children, sanitary inspection of school buildings, etc.

Brandon:

A similar type of programme is carried on at the Brandon Normal School, though the instruction in health is done during three two-week periods divided over the academic year.

Physical examinations were done for these students also:

Number of students examined—61.

Defects noted:

Eyes require further examination	16
Dental care required	6
Underweight	19
Require smallpox vaccination	13

Tuberculin Reactions:

Positive -----	17	No active cases of tuberculosis were found in this group.
Negative -----	44	
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Total -----	61	

Wassermann Reactions:

Positive	0
Negative	61
<hr/>	
Total	61

Schick Reactions:

Positive	28
Negative	30
Non-interpretable	3
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Total	61

Any immunization required by any of the students, in regard to smallpox or diphtheria has been carried out by the Health Officer of Brandon.

Faculty of Education:

Lectures in health are given to this group in the Spring terms only. Physical examinations are done on admission to the course:

Number examined—32.

Defects noted:

Eyes require further examination	3
Dental care required	2
Underweight	4
Require smallpox vaccination	4

Tuberculin Reactions:

Positive -----	18	No active cases of tuberculosis have been found in this group.
Negative -----	14	
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Total -----	32	

Wassermann Reactions:

Positive	0
Negative	31
Not done	1

Total 32

Schick Reactions:

Positive	9
Negative	19
Non-interpretable	4

Total 32

YOUTH TRAINING PLAN

The Department of Health and Public Welfare has loaned one of the nurses for health work in the Girls' Home-Making Schools this year again. This has made an interesting and instructive course in disease prevention, physiology, hygiene and home nursing possible in areas where there would otherwise not have been a health course. The department has also been responsible for all the material on health distributed to all youth training centres.

Lectures and demonstrations have been given by two of the departmental nurses to the girls at Henry Avenue Vocational Training School and Domestic Training School, Austin Street, Winnipeg.

During the first few months of the year two of the medical personnel of the department visited the youth training centres and did tuberculin and Wassermann tests as well as lecturing to the various groups.

At a leadership camp held at Gimli, Manitoba, in July and August, 1939, the students registered were given complete physical examinations. They felt that this work should be a part of the health programme to be carried on in the Community Youth Centres which were being organized—as well as in the Home-Making and Agricultural Schools. To cope with this situation, two physicians, Dr. Cecil G. Sheps and Dr. F. Elizabeth McKim were engaged by the Youth Training Programme to carry out this scheme. Whenever necessary, members of the medical personnel of the Department of Health and Public Welfare also take part in this programme. All the work done is under the supervision of this Department.

The necessary outlines for the health lectures have been prepared and distributed to leaders and students. Lectures are given to these groups by the doctors whenever opportunity presents itself and public lectures arranged wherever possible. Nine lectures on "Cancer" have been given—with a total attendance of 725. One lecture on "Communicable Disease" drew an audience of over 100.

The results of the various tests and the physical examinations follow:

Rural Youth Training, January to March, 1939.

RURAL:

Tuberculin Reactions:

	Positive	Negative	Total
Girls	59	288	347
Boys	34	161	195
Totals	93	449	542

Active cases of
Tuberculosis
found among those
X-rayed to date

4

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4

Wassermanns:	Positive	Negative	Total	Active cases of Tuberculosis found among those X-rayed to date
Girls	0	347	347	--
Boys	0	294	294	--
Totals	0	641	641	--

URBAN:

Tuberculin Reactions:

Girls	19	44	63	1
Boys	153	220	373	---
Totals	172	264	436	1

Wassermanns:

Girls	0	75	75	--
Boys	0	408	408	--
Totals	0	483	483	--

GIMLI, YOUTH LEADERSHIP CAMP, 1939.

In July and August, 1939, a camp whose purpose was to train leaders for the community Youth Centres to be conducted during the winter months all over Manitoba, was held at Gimli. All the students registered had complete physical examinations including Schick, Wassermann and Tuberculin tests.

Number examined—132.

Defects noted:

Eyes required further examination	14
Dental care required	10
Underweight	17
Required smallpox vaccination	27

Tuberculin Reactions:	Positive	Negative	Total	Active cases of Tuberculosis found among those X-rayed to date
Boys	30	25	55	1
Girls	35	41	76	--
Totals	65	66	131	1

Wassermanns:

Boys	0	56	56	--
Girls	0	76	76	--
Totals	0	132	132	--

Schick Reactions:

	Positive	Negative	Non-Int.	Total
Boys	28	19	8	55
Girls	38	32	5	75
Totals	66	51	13	130

URBAN YOUTH TRAINING, IN WINNIPEG, NOVEMBER AND DECEMBER, 1939

The physical examinations were conducted by physicians outside of the Department, but members of our staff did the tuberculin and Wassermann tests:

Tuberculin Reactions:

Positive	158
Negative	110
Total	268

Wassermann Reactions:

Positive	1
Negative	261
Total	262

Summary:

Number of physical examinations	1,600
Number of Tuberculin tests	3,048
Number of Wassermann Reactions	3,196
Number of Schick tests	642

In all the groups examined defects other than those listed were found, such as infected tonsils, flat feet, acne, etc.,—but final tabulation was not made because there were many “borderline” cases and these along with any of definite diseases were referred to their own doctor.

HEALTH EDUCATION DONE THROUGH VARIOUS ORGANIZATIONS**Women's Institutes:**

A representative of the Department of Health and Public Welfare gave a talk on “Communicable Diseases” at each of the annual local conventions of the Women's Institute. In several areas immunization campaigns against smallpox and diphtheria have resulted from these discussions.

Women's study groups in health have been organized in connection with the Women's Institutes in twelve centres in rural Manitoba this year. There are 93 groups with a total enrolment of 1,388. The course given consists of five lectures on accident and disease prevention.

Family Bureau, Winnipeg:

A short course in communicable diseases and their prevention and treatment of minor injuries was given to the housekeepers of the Family Bureau.

Radio:

The programme arranged for the autumn of 1939 was of a general nature, dealing

with various current health topics as occasion arose. These were weekly talks given over station CKY.

The Bureau of Health Publications:

The Bureau continues to function as in former years and a complete report of the activities has been outlined by Miss Wells.

A number of new publications have been put out this year, both in printed and mimeographed form, such as pamphlets on diphtheria and milk. The "Manitoba Baby" is proving to be a great success, judging by requests that pour in for it.

I have the honour to be, Sir,

Your obedient servant,

A. MARGUERITE SWAN,

Medical Director.

Bureau of Health Publications

A. Marguerite Swan, M.D., D.P.H.,
Medical Director of Health Education,
Department of Health and Public Welfare.
Winnipeg, Manitoba.

Dear Madam:

I have the honour to submit the following report of the Bureau for the year ending December 31, 1939, which marks its tenth year as a branch of service organized to disseminate health information throughout the province, and to promote activities in child and adult health education.

A summary of the work carried on is as follows:

INFORMATION BUREAU

Correspondence and Consultations:

The inquiries by mail, telephone and from those who call in person for advice, free publications, reference reading, and health teaching aids, cover a wide range of health questions. These requests from parents, teachers, health and social workers, clergy and other community leaders afforded an opportunity not only to provide health information, but also to refer inquirers to other sources for assistance when it seemed advisable.

During the year, arrangements were made with the Division of Statistics to send with each marriage license a letter from the Minister of Health and Public Welfare, emphasizing the importance of health in family life and directing attention to sources for reliable health information. This means of reaching new home makers was begun in 1931, but later had to be discontinued.

The response to these letters has been satisfactory and indicates the appreciation with which they are received.

PUBLICATIONS

Distribution

Publications have been sent in response to requests as follows:

Number of printed pamphlets	231,240
Number of mimeographed bulletins	92,437
Total	<hr/> 323,677

During the course of years since the Division has become a provincial distributing agency for free health publications, the requests for printed matter have steadily increased, due largely to greater use in connection with group instruction in rural areas where little or no reference material can be afforded. There have been many requests, however, for health information in printed form that could not be filled which has made careful distribution necessary to ensure maximum use.

The publications provided deal chiefly with maternal and child health, communicable disease, sanitation, personal hygiene, nutrition, accident prevention, first aid and home nursing, and school health education.

The following indicates the publications provided to individuals and organizations for use in homes, schools, and other educational activities throughout the Province:

Adult Study Groups	15,501
Health and Social Workers, including Clergy	78,506
Hospitals	4,680
Nurses	372
Parents	14,952
Physicians	4,369
Schools for Teachers and Nurses	12,757
Teachers	175,315
Youth Training and Teen Age Groups	14,744
Unclassified	2,481
Total	323,677

Supply

Publications have been supplied for distribution by the following organizations:

Canadian Tuberculosis Association	9,156
Canadian Welfare Council	17,900
Cancer Relief and Research Institute	7,650
Department of Pensions and National Health	6,182
Metropolitan Life Insurance Company	31,031
Other Agencies	9,065
Total	80,984

Number of bulletins prepared or revised to meet requests for material not available from other sources	24
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LIBRARY

The following material has been borrowed by individuals and study groups from the lending library during the year:

Books	657
Magazines	417
Pamphlets	1,048
Total	2,122

In addition the reference library has been a valuable source of information to those in need of special references in health and social work.

New material has been placed in the library as follows:

New books purchased	18
Subscriptions to magazines	9
Complimentary subscriptions to magazines	24
Books donated	53
Pamphlets donated	92
Magazines donated	291

During the past year the use of the library has increased greatly, taxing its limited facilities to such an extent that many requests could not be filled. For this reason we are indebted to those individuals and organizations who have contributed current reading matter essential to health teachers and others engaged in health educational activities.

EDUCATION

Radio:

Total number of radio talks given	29
Total number of speakers	23

"JUST CHILDREN" was the title of the ninth annual programme of radio talks arranged and broadcast weekly over Station CKY from November 17th, 1938 to June 8th, 1939, on Thursdays from 4.45 to 5.00 p.m.

Originally planned for a combined talk and dramatic feature which would have been of particular interest and value, it was later found necessary to change it to a straight programme of talks.

In this series, the aim was to emphasize the various factors in daily life that influence child growth and development, and to make known the facilities which exist to protect and promote the well being of children. To this end the whole programme was devoted entirely to discussions regarding the care and guidance of children from the viewpoint of parents, the family doctor and dentist, teachers, health and social workers and other community leaders.

The response to this programme in the form of enquiries and requests for copies of talks showed not only the general interest of individual listeners, but also the educational value of the series to listening groups and classes who arranged to hear the talks to supplement study and instruction concerning the health and care of children.

The speakers who contributed to this programme were members of the Department, members of the Manitoba Medical and Dental Associations, Mr. H. R. Low, Superintendent of Education, Mr. C. K. Rogers, Chief Administrative Officer in the Department of Education; Miss B. M. Bradshaw, Supervisor of Special Classes in Winnipeg Schools; Rev. J. M. Shaver, D.D., Superintendent of All People's Mission; Miss I. Alexander, now Assistant Supervisor of Youth Training, Ottawa; Mr. E. J. Glenesk, Secretary of the Young Men's Christian Association; and Mrs. A. W. Dampsy, Mrs. E. R. Siddall, and Mrs. Gilbert Adamson, of the Winnipeg Parent Education Association.

Exhibits:

Seven health exhibits were held during the year at conventions of the Manitoba Educational Association, Canadian Federation of Associated Convent Alumnae, Manitoba Medical Association, at Summer Exhibitions in Carman, Brandon and Portage la Prairie, and at the Health Display of the Young Women's Christian Association.

The exhibit at the Annual Convention of the Manitoba Educational Association, held during Easter week, was arranged to show the scope of school health education, the samples of printed health teaching aids available, and some of the ways in which the teachers and pupils of Brooklands School had carried on health teaching activities in the class room. Throughout the week of the Convention, many teachers sought

advice concerning health educational methods and materials, an occasion which also afforded an opportunity to keep in close touch with health problems in the school.

During the week of May 3rd, in connection with the Health Week programme arranged by the Young Women's Christian Association, assistance was given in organizing an exhibit as a means of directing attention to health services in Manitoba. Seventeen health organizations participated in this exhibit including the Department whose lighted display outlined its aims and activities.

The exhibits at the Summer Exhibitions held in July at Carman, Brandon and Portage la Prairie, consisted of a lighted display, posters, and publications to provide information about Cancer, and to emphasize the need of treatment in its early stages. Photographs of the Cancer Exhibit held at the New York World's Fair were also displayed to show how research has preceded methods of surgery, X-rays and radium.

The field worker of the Manitoba Cancer Relief and Research Institute, Miss A. Jamieson, was present at each of the exhibits, as a means of making the work of the Institute better known, and to provide a direct source of information to visitors.

In August, assistance was also given to the arrangements' committee for the Convention of the Canadian Federation of Convent Alumnae by arranging an exhibit of school health educational materials. This exhibit, consisting of displays by the Canadian National Institute for the Blind, the Junior Red Cross and the Department was held at St. Mary's Academy where facilities were provided for an attractive location, and for study of the library materials displayed by this branch. It is of interest to mention that delegates of this national body expressed appreciation of the rare opportunity which the exhibit afforded as a source of information concerning school health education.

The exhibit at the Convention of the Manitoba Medical Association in September was in the form of a poster display concerning the incidence of, and mortality from communicable diseases in Manitoba.

Posters and other demonstration material were also used by health workers and organizations in connection with child health conferences, summer camps, classes and window displays as follows:

Number of posters and charts borrowed	383
Number of slides and strip films borrowed	41
Number of other materials for demonstration borrowed.....	55
Number of posters, signs, illustrations and other demonstration material prepared for exhibits, child health conferences and group teaching, etc.	211

COMMUNITY ORGANIZATIONS

The continued interest of community organizations in health matters has been reflected in the requests for assistance in the preparation of health talks, study outlines, and the provision of reading references. To these voluntary organizations and others whose members have given leadership to study groups is due great credit for carrying on an important phase of adult health education.

Material prepared for study groups	26
Material prepared for speakers	41
Arranged for speakers at meetings	17
Number of talks given	7

In carrying on the activities of the Bureau, its effectiveness has been made possible by the interest and kindly co-operation of many individuals and agencies, including the officers of other Departments and the loyal assistance of the Bureau staff. In this connection our thanks are specially due to the organizations who have supplied publications for free distribution and for the lending library; to the officers of Radio Station CKY who have allotted time for weekly broadcasts, and to the speakers who have contributed to the radio programme.

Respectfully submitted,

ANNA E. WELLS,

Director, Bureau of Health Publications.

Division of Vital Statistics

Dr. F. W. Jackson, D.P.H.,
Deputy Minister of Health and Public Welfare,
Winnipeg.

Sir:

I have the honour to present the annual report of the Division of Statistics for the year ending December 31, 1939.

To this division is entrusted by the Minister of Health and Public Welfare the administration of "The Vital Statistics Act" and "The Marriage Act." This embraces the collection and preservation of the records of births, marriages and deaths that occur in the Province of Manitoba, the issue on them of the certificates, which are in ever increasing demand for various state and social requirements, the registration of information on births not recorded within the proper period, the conduct of various surveys and enquiries into the conditions of the health of the people of Manitoba, the preparation and publication of statistics derived from these returns and surveys, the issue of marriage licenses and the transmission of the Minister's authorization to perform the marriage ceremony.

After ten years of able direction of the Division, Mr. A. P. Paget retired in April, 1939; Miss L. E. Stewart was appointed Deputy Recorder; the present Recorder assumed duties on the 1st of July.

The year 1939 marks a notable centenary that demands a short digression for, on July 10, 1839, Dr. William Farr was appointed Compiler of Abstracts in The General Registry Office in London, England. This was the first formal recognition of the value of vital statistics, and William Farr is universally recognized as the father of this branch of science. His figures helped to forge the programme that resulted in the passing of the first Public Health Act and to establish the sanitary consciousness of England; they were the ammunition with which Chadwick and Simon, Snow and others attacked the vested interests and the prejudices that barred the way. They indicated sharply and decisively the differences in the prospect of life entailed by various conditions of environment. Before the passing of the Registration Act of 1837, records of baptisms, marriages and burials had been kept parochially; under this Act the registration of births, marriages and deaths became a national concern. Previously the cause of death had been ascertained by examination of the body after death, by so called searchers usually elderly women appointed to this task; the first change was to have the examination made by medical men, but under Farr was introduced the practice of certification by the medical attendant or by a coroner.

The first Act of Manitoba respecting the registration of births, marriages and deaths was passed in 1881; the earliest records under this, date from January, 1882; there are also in the archives of the division, copies of the previous registers of baptisms, marriages and burials. Under this Act, as today, the notice of birth was to be made to the secretary-treasurer by the father, that of marriage by the clergy and that of death by the occupier of the premises in which the death occurred; the cause of death was to be certified by the medical attendant. In unorganized districts, special registrars are appointed—secretary-treasurers of neighbouring municipalities,

missionaries and others. Upon the diligence and co-operation of the secretary-treasurer or other registrar in collecting and checking information, depends the validity and completeness of the vital records of the people of this province. In many districts there are frequent and various difficulties, and the registration can not be claimed as one hundred per cent. Some day a drive may be made, as recently in some of the States, to estimate the deficiency and to complete our records. To render of any value the delayed registration of a birth, very definite information is required and the attempts to obtain this frequently demand much correspondence and occasionally fail. Of this there has been considerable experience under the present heavy demand for certificates. I would, however, take this opportunity to make known to you our sense of indebtedness to the registrars of the Province and our high appreciation of their services to the community; an especial word of praise should be given to the missionaries and others of our registrars in the North and other unsettled areas.

The natural basis of all vital statistics is the **population**. The numbering of this—and its distribution by locality, by sex and age, by race and occupation, by birthplace—or the taking of the census is the work of the Dominion Bureau of Statistics. This is done every five years in the prairie provinces, every ten years in other provinces. Several censuses of Assiniboia were taken in pre-Federal days, thus in 1831 the population was shown to be 2,390, in 1849, 5,391. Just prior to the time of its establishment, namely in 1870, Manitoba counted 12,228 whites and 13,000 Indians. The censuses taken since that date show:

1881	62,260	1916	570,859
1891	152,506	1921	610,118
1901	255,211	1926	639,056
1911	401,394	1931	700,139

The census of 1936 gave 711,216 persons of whom 13,431 were Indian, and 8,034 Half-breeds. The full report, the Census of Manitoba, 1936, is published by the Dominion Bureau of Statistics and may be obtained from that office at a cost of fifty cents. The estimated population of the Province for 1939 is 727,000; this includes 14,348 Treaty Indians. The distribution of the population for race, age, sex and locality as shown in the various tables in this report has been estimated on the basis of the figures of the 1931 census with reference to that of 1936 in calculating the age distribution.

The **birth rate** depends largely upon the age of the population, but also upon the social attitude and general prosperity; it has a most important bearing upon the increase. From 30.6 in 1920 to 18.0 in 1937 there was a rapid and continuous fall, but 1938 and 1939 showed a rise to 18.7. The increase per thousand population in 1939 was 10.2 as compared with 21.5 in 1921. In 1939 there were 13,624 live births and 325 stillbirths; there were 173 cases of twin births resulting in the birth of 330 live children and 16 stillborn. Three of the mothers of twins died in childbed. There were 527 live births and 16 stillbirths out of wedlock.

The **marriage rate** was named by Farr the barometer of national prosperity—but it also fluctuates with other trends and events, as at the outbreak of war. The total number of marriages reported in 1939 was 7,676, giving a rate of 10.5 per thousand population, an increase of 1,419 over 1938; September reached the all-time record of 1,360—giving an annual equivalent rate of 22.5; October was not far behind with 1,308. Over 93% of the grooms were bachelors and over 95% of the brides spinsters. 4,824 of the grooms and 5,684 of the brides claimed Manitoba as their place of birth. Twenty-five years of age marked the peak for the grooms, 21 years for the brides.

The study of **deaths** and of the rates of mortality is the most important and most complex branch of vital statistics; under adequate precautions these rates offer trustworthy indications of the public health, they offer a ready comparison between one locality and another, between one year and another, between different ages, races and occupations. The age distribution of a population has an important and weighty bearing on the death rate. To obviate this difficulty, the number of deaths is computed that would have occurred if the distribution had been that of some chosen standard—that most usually employed being the population of England and Wales in 1901. Thus the crude death rate for Manitoba in 1931 was 7.6, in 1939, 8.5; but the standardized death rate in 1931 was 8.1, in 1939, 7.3; the death rate in the higher ages was greater in 1939 than in 1931 but in younger age groups it was less.

The **infant death rate** is the most valuable criterion of the sanitary conditions and educational progress; it is satisfactory to note that it continues to fall. The figures given by the Provincial Division are higher than those of the Bureau of Statistics because the latter excludes from its records all children born under 28 weeks' gestation. The inclusion of the Indian deaths adds considerably to this rate, and so the returns for whites and Indians should be examined separately. Half-breeds are counted with the Indians in the federal figures, with the whites in the provincial unless otherwise stated.

It is to be noted that the death rate for children under one year of age is usually estimated on the ratio of deaths to every thousand live births—it is, therefore, considerably lower though more accurate than were it taken on the census figure, the number of children under one year of age alive at a particular moment.

Of late years increasing attention has been paid to the number of children dying before birth and in the first month of life. On July 1, 1939, the new stillbirth notice was introduced—formerly each stillbirth was entered in both the birth register and the death register, now there is a special stillbirth register. Furthermore, the attending physician has the duty to certify the cause of death of the foetus and other particulars.

The **maternal death rate** is somewhat higher in 1939 than in 1938, but is lower than in any other year during the past twenty.

Of special causes of death, pneumonia showed a striking decrease and notably lobar pneumonia; there is little doubt that the introduction of sulphapyridine has played a notable part in this. There was also a big drop in the number of deaths from diarrhoea and enteritis. Deaths from other communicable diseases have increased somewhat. Large increases were evident in the deaths recorded from cancer, diabetes, heart disease, arteriosclerosis, prostatic disease and pernicious anaemia. The sudden jump in diabetic deaths is remarkable—almost 50%. The increase in deaths from heart disease is due to the rise in coronary disease—deaths from this cause having been 175 in 1931, 545 in 1939—this can by no means all be laid to the rise in age. Deaths from arteriosclerosis have likewise increased although not to quite the same degree.

Effective study of the statistics of death requires efficient classification of the diseases that lead to death, and this, a well established and definite nomenclature. When William Farr began to enquire into the causes of death he found this in great confusion; the same name being used to denote different conditions, and the one condition being known by several different names; one of his first duties was, therefore, with the aid of the medical leaders of the day, to establish an authoritative nosology. Following the successful classification of plants by Linnaeus there had

been several attempts, notably that of Cullen, to similarly divide diseases into genera and species, giving each a double name, and in the Latin tongue. It is Farr whom we may thank for having saved us from this for he preferred the single name and that most commonly used. The different objects of study of disease demand different modes of division. For the purpose of national statistics, Farr chose the division of diseases into plagues or epidemics and endemics, into those of common occurrence (sporadic) and into injuries, the immediate result of violence or of external causes. Sporadic diseases he again divided into three classes, constitutional or general, local or systemic and developmental. The International List of the Causes of Death dates from the end of the nineteenth century, it is revised every ten years by an international committee and is based on Farr's original classification. Although the allocation of various items has changed with changing views and the advance of knowledge, the general scheme remains essentially the same. Farr's first division is represented by the modern Class I (infections and parasitic diseases); his constitutional diseases by Classes II (cancer and other tumours) and III (rheumatic, nutritional, endocrine and other general diseases); his systemic by Class IV (of the blood), VI (of the nervous system), VII (of the circulatory), VIII (of the respiratory), IX (of the digestive), X (of the genito-urinary), XII (of the skin), XIII (of the bones and organs of locomotion); his developmental by Classes XI (puerperal), XIV (congenital malformations), XV (of early infancy) and XVI (of old age); his violent or those due to external causes by Class V (chronic poisonings) and XVII (violent or accidental). These classes are not mutually exclusive, thus of infectious and parasitic diseases, lobar pneumonia is placed among those of the respiratory system, diarrhoea and enteritis among those of the digestive system. In the 1929 schedule syphilis is scattered according to its manifestations; syphilis as such and congenital syphilis, under infectious diseases; tabes dorsalis and general paralysis of the insane under diseases of the nervous system, and aortic aneurysm under those of the circulatory system; however, in the list formulated in Paris in 1938, to be brought into use shortly, these have been gathered under one heading with appropriate sub-divisions.

In the coding or assigning the cause of death as it appears on the certificate, there may be several opinions; rules are drawn up in each country for guidance, but even so, differences occur, and so it is, that the figures as given by the Division of Statistics in Manitoba do not always coincide with those of the Bureau of Statistics at Ottawa. Thus there were 47 deaths coded to maternal causes in the federal figures, 45 in the provincial.

In 1909 appeared the first publication of the mortality statistics of the province in accordance with the International Classification of the Causes of Death, and the records of births, marriages and deaths; these were published for six years, but not again until 1928. For the intervening years the records are in type-script only, but give full records and a tabulation of deaths according to place of occurrence, age and cause.

Since 1920 copies of the notices of births, marriages and deaths have been sent by the various provinces to the Dominion Bureau of Statistics at Ottawa and on these have been based the vital statistics of the Dominion, although Quebec only joined this federal scheme in 1926. The Annual Report of Vital Statistics tabulates the returns in detail; the report of this division is, therefore, restricted to special tables, some for purposes of ready comparison, others dealing with special subjects.

I trust, Sir, that you will find these together with the monthly reports from this

Division, the occasional reports on special topics, and the reports of the various surveys, of service, to you in your endeavour to maintain and to improve the health of the people of Manitoba.

Respectfully submitted,

NOEL R. RAWSON, MB., D.P.H.,

Recorder, Division of Statistics.

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TABLE I.

PROVINCIAL STATISTICS FOR 1939

(By the Courtesy of the Dominion Bureau of Statistics)

	P. E. I.	N. S.	N. B.	Que.	Ont.	Man.	Sask.	Alta.	B. C.	CANADA
Population in thousands	95	554	451	3,210	3,752	727	949	789	774	11,301
No. of live births	2,105	11,700	11,228	79,503	63,945	13,583	17,930	16,323	12,304	228,621
No. of deaths	1,115	6,273	5,064	33,376	37,503	6,157	5,990	5,754	7,507	108,739
No. of marriages	638	4,994	3,722	28,899	34,657	7,676	7,284	7,835	7,862	103,567
No. of deaths of children under 1 year	166	751	885	6,209	2,980	752	915	751	482	13,891
No. of deaths of children under 1 month	81	345	411	2,886	1,777	391	477	377	273	7,018
No. of maternal deaths	17	48	54	368	276	47	58	59	38	965
No. of illegitimate births	97	731	405	2,657	2,870	509	649	607	495	9,020
No. of stillbirths	58	359	286	2,415	1,961	328	370	333	239	6,349

TABLE II.

PROVINCIAL RATES—1939

	P. E. I.	N. S.	N. B.	Que.	Ont.	Man.	Sask.	Alta.	B. C.	CANADA
Live Births—per 1,000 population	22.1	21.1	27.2	25.8	17.0	18.7	18.9	20.7	15.9	20.2
Deaths—per 1,000 population	11.7	11.3	11.2	10.5	10.0	8.5	6.3	7.3	9.7	9.6
Marriages—per 1,000 population	6.7	9.0	8.2	9.0	9.2	10.5	7.7	9.9	10.2	9.2
Deaths of children under 1 years of age—per 1,000 live births	79	64	79	78	47	55.4	51	46	39	60
Deaths of children under 1 month—per 1,000 live births	38.5	29.5	36.6	36.3	27.8	28.8	26.6	23.1	22.2	30.7
Maternal deaths—per 1,000 live births	8.1	4.1	4.8	4.6	4.3	3.5	3.2	3.6	3.1	4.2
Illegitimate live births—per 100 live births	4.6	6.2	3.6	3.3	4.5	3.7	3.6	3.7	4.0	3.9
Stillbirths—per 100 total births	2.8	3.1	2.5	3.0	3.1	2.4	2.1	2.0	1.9	2.8

TABLE III.

MANITOBA STATISTICS—1921-1939

(From Vital Statistics, published by the Dominion Bureau of Statistics)

	1921-25 Average	1926-30 Average	1931-35 Average	1936	1937	1938	1939
Population in thousands.....	620	664	708	711	717	720	727
No. of live births	16,590	14,391	13,690	12,855	12,888	13,478	13,583
No. of deaths	5,348	5,507	5,413	6,219	6,070	5,893	6,157
No. of marriages	4,634	4,951	5,015	5,756	6,113	6,262	7,676
No. of deaths of children under one year	1,394	1,031	835	779	826	750	752
No. of deaths of children under one month	680	537	436	381	371	369	391
No. of maternal deaths	87	81	60	70	55	39	47
No. of illegitimate births	407	501	501	493	478	503	509
No. of stillbirths	546	479	383	323	345	347	328

TABLE IV.

MANITOBA RATES—1921-1939

	1921-25 Average	1926-30 Average	1931-35 Average	1936	1937	1938	1939
Live Births per 1,000 population	26.8	21.7	19.3	18.1	18.0	18.7	18.7
Deaths per 1,000 population.....	8.6	8.3	7.6	8.7	8.5	8.2	8.5
Marriages per 1,000 population..	7.5	7.5	7.1	8.1	8.5	8.7	10.5
Deaths of children under 1 year per 1,000 live births.....	84	72	61	61	64	56	55
Deaths of children under 1 month per 1,000 live births....	41	37	32	30	29	27	29
Maternal deaths per 1,000 live births	5.2	5.6	4.4	5.4	4.3	2.9	3.5
Illegitimate live births per 100 live births	2.5	3.5	3.7	3.8	3.7	3.7	3.7
Stillbirths per 100 total births....	3.2	3.2	2.7	2.5	2.6	2.5	2.4

TABLE V.

AGE DISTRIBUTION OF MANITOBA POPULATION

Age	Census Population— 1936	Estimated Population 1939
Under 1	11,684	11,000
1 - 4	49,696	44,000
5 - 14	142,060	131,000
15 - 24	146,299	152,000
25 - 44	190,963	193,000
45 - 64	132,356	152,000
65 - 79	33,356	39,000
80 and over	4,483	5,000
Not stated	145	.....
	711,216	727,000

In the 1936 census there were 368,580 males and 342,636 females.

TABLE VI.

DEATH RATES ACCORDING TO AGE						
Per 1,000 Population at Age.						
Age	1921		1931		1939	
	No.	Rate	No.	Rate	No.	Rate
Under 1	1,533	102.2	924	76.5	772	70.2
1 - 4	462	7.4	242	4.4	184	4.2
5 - 14	369	2.5	217	1.4	162	1.4
15 - 24	310	3.0	295	2.1	247	1.6
25 - 44	580	4.0	695	3.6	629	3.3
45 - 64	807	7.7	1,191	10.3	1,563	10.3
65 - 79	1,032	34.5	1,265	44.9	1,770	45.4
80 and over	292	137.5	487	141.8	843	168.6
Not stated	3	-----	3	-----	-----	-----
	5,388	8.8	5,319	7.6	6,174	8.5
Standardized Rate ..	-----	14.2	-----	8.1	-----	7.7

TABLE VII.

LIVE BIRTHS AND DEATHS OF MANITOBA RESIDENTS ACCORDING TO RESIDENCE

MARRIAGES PERFORMED IN MANITOBA ACCORDING TO PLACE OF MARRIAGE

RATES PER 1,000 POPULATION							
	Population to Nearest	Live Births		Deaths		Marriages	
	500	No.	Rate	No.	Rate	No.	Rate
Brandon	16,500	210	12.7	159	9.5	280	17.0
Portage la Prairie	6,000	78	13.0	75	12.5	108	18.0
St. Boniface	17,000	288	16.9	130	7.6	225	13.2
Winnipeg	222,500	2,805	12.6	1,864	8.4	3,813	17.6
Towns	51,000	931	8.3	570	11.7	832	16.3
Villages	13,500	270	20.0	160	11.8	185	13.7
Urban Municipalities	45,000	647	14.2	294	6.5	392	8.7
Rural Municipalities	311,000	6,289	20.2	2,178	7.3	1,476	4.7
Unorganized Territory..	30,000	1,187	39.6	346	11.5	258	8.6
Greater Winnipeg	300,000	3,854	12.8	2,347	7.8	4,492	15.0
Whites	712,500	12,706	17.7	5,716	8.0	7,569	10.9
Indians	14,500	599	41.3	431	29.7	106	7.3
Province	727,000	13,458	18.5	6,147	8.5	7,675	10.5

Explanatory Notes:

There occurred in Manitoba 13,624 births of which 7,003 were males and 6,621 females. Of these, 209 births—125 males, 84 females, were to mothers resident outside of Manitoba. There were reported from points outside of Manitoba, 43 births to mothers resident in Manitoba; of these 26 were males and 17 females. Of the 13,458 live births mentioned above, 6,904 were male and 6,554 female.

Urban Municipalities is a name of convenience to denote Fort Garry, St. James, St. Vital and the Kildonans.

Greater Winnipeg includes Winnipeg, St. Boniface, the urban municipalities above named, Brooklands, Transcona and Tuxedo.

TABLE VIII.
RESIDENTS OF MANITOBA
MATERNAL DEATHS AND DEATHS OF CHILDREN UNDER 1 YEAR OF AGE
WITH RATES PER 1,000 LIVE BIRTHS
STILLBIRTHS WITH RATES PER 100 TOTAL LIVE BIRTHS
BIRTHS OUT OF WEDLOCK WITH RATES PER 100 LIVE BIRTHS

Residence of Mother	Maternal Deaths		Deaths of Children Under 1 Yr.		Stillbirths		Born out of Wedlock (live)	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brandon	3	14.3	10	47.6	10	4.6	4	1.9
Portage la Prairie	0	0.0	12	154.0	3	3.7	3	3.8
St. Boniface	1	3.5	9	31.2	5	1.7	11	3.8
Winnipeg	9	3.2	89	31.8	60	2.1	117	4.2
Towns	3	3.2	55	59.0	21	2.2	38	4.1
Villages	2	7.4	13	48.1	9	3.2	10	3.7
Urban Municipalities	0	0.0	24	37.1	17	2.6	15	2.3
Rural Municipalities	16	2.5	325	51.7	138	2.1	152	4.3
Unorganized Territory	5	4.2	82	69.1	38	3.1	51	4.3
Greater Winnipeg	10	2.6	124	32.1	86	2.2	144	3.7
Whites	39	3.1	619	48.7	301	2.3	401	3.2
Indians	5	6.6	151	201	21	2.7	102	13.6
Province	44	3.3	770	57.2	322	2.4	503	3.7

TABLE IX.
LIVE BIRTHS AND DEATHS OCCURRING IN MANITOBA
WITH RATES PER 1,000 POPULATION

Racial Origin	Population Estimated	Live Births		Deaths	
		No.	Rate	No.	Rate
English, Welsh, etc.	181,000	2,665	14.7	1,474	8.1
Scottish	113,500	1,096	14.9	975	8.6
Irish	77,000	1,270	16.5	677	8.8
British	371,500	5,631	15.2	3,126	8.4
French	48,500	1,393	28.7	447	9.2
German	53,500	1,311	24.5	332	6.2
Dutch	26,000	649	24.9	161	6.2
Belgian	6,500	160	24.5	50	7.7
Germanic	86,000	2,120	24.6	543	6.3

(Table IX continued on next page.)

Danish	3,000	65	21.7	26	8.7
Swedes	9,500	136	14.3	78	8.2
Norwegian	5,500	109	19.8	41	7.5
Icelandic	14,000	295	21.1	126	9.0
Finns	1,000	13	13.0	8	8.0
Northern Europeans	33,000	618	18.7	279	8.5
Hebrew	19,000	255	13.4	138	7.3
Russian	6,000	220	36.7	53	8.8
Poles	36,000	614	17.0	240	6.7
Ukrainians	88,000	1,630	18.5	596	6.7
Other east. central Europeans.....	10,500	305	29.0	133	12.7
East. central Europeans.....	140,500	2,869	20.4	1,022	7.3
Half-breeds	8,000	152	19.0	97	12.1
Indians	14,500	599	41.2	432	29.8
Other	6,000	87	13.5	88	14.7
Province	727,000	13,624	18.7	6,172	8.5
Excluding Indians and Half-breeds	704,500	12,783	18.3	5,643	7.6

TABLE X.

MATERNAL DEATHS AND DEATHS OF CHILDREN UNDER 1 YEAR OF AGE
OCCURRING IN MANITOBA: BY RACIAL ORIGIN

RATES PER 1,000 LIVE BIRTHS

STILLBIRTHS: RATES PER 100 TOTAL BIRTHS

Racial Origin	Maternal Deaths		Deaths under 1 Year of Age		Stillbirths	
	No.	Rate	No.	Rate	No.	Rate
English	7	2.6	103	38.6	56	2.1
Scottish	3	1.8	71	41.9	46	2.6
Irish	6	4.7	40	31.5	33	2.5
French	3	2.2	87	62.5	32	2.2
Belgo-Germanic	7	3.3	99	46.7	52	2.4
Northern European	3	4.9	25	40.4	11	1.7
Hebrew	0	0.0	3	11.8	6	2.3
East. central European	8	2.8	162	56.5	66	2.2
Half-breeds	2	13.2	28	184.3	6	3.8
Indians	6	10.0	152	253.5	15	2.4
Other	0	0.0	4	46.0	2	2.2
Province	45	3.3	774	56.8	325	2.3
Excluding Half-breeds and Indians	37	2.9	594	46.1	304	2.3

TABLE XI.

CAUSES OF STILLBIRTH, MANITOBA

July to December, 1939.

Complications of labour:

Abnormal presentation	19
Contracted pelvis	9
Cord complications	16
Others	9

Ante-partum haemorrhage:

Placenta praevia	2
Other	6
Toxaemia of pregnancy	10
Foetal malformation	17
Disease of the mother	7
Accident and overstrain	7
Prematurity—no other cause given	12
Other and undetermined	19

TABLE XII.

MAIN CAUSES OF NEONATAL AND INFANT DEATHS—
MANITOBA, 1939.

	Whites		Indians	
	Under 1 Month	Between 1 month and 1 year	Under 1 Month	Between 1 month and 1 year
Congenital malformations	36	24	1	---
Diseases of early infancy:				
Congenital debility	15	8	18	3
Premature birth	189	10	8	---
Injury at birth	38	---	4	---
Other	30	5	9	3
Communicable diseases:				
Pneumonia and bronchitis	13	67	3	35
Diarrhoea and enteritis	6	58	2	13
Whooping cough	1	16	---	12
Influenza	3	17	2	9
Tuberculosis	---	6	---	12
Other	1	12	---	1
Thymic disease	5	5	---	---
Other diseases	12	33	7	10
Accidents:				
Suffocation	5	4	---	---
Other	1	2	---	---
	<hr/> 355	<hr/> 267	<hr/> 54	<hr/> 98

TABLE XIII.
MATERNAL MORTALITY—BY AGE

Age of Mother	Whites			Indians and Half-breeds		
	Live Births	Deaths of Mothers	Rate per 1,000 L.B.	Live Births	Deaths of Mothers	Rate per 1,000 L.B.
15 - 19	784	--	--	105	2	9.1
20 - 24	3,485	3	0.9	238	3	
25 - 29	3,908	11	2.8	207	--	
30 - 34	2,531	9	3.6	131	1	10.9
35 - 39	1,483	8	5.4	97	--	
40 - 44	505	5	9.9	42	2	
45 and over	57	1	17.5	5	--	
Unknown	-----	--	--	3	--	
	12,753	37	2.9	828	8	9.7

TABLE XIV.
CAUSES OF MATERNAL DEATHS

Puerperal causes	45
Other causes	19
Septic abortion:	
Not self-induced	5
Self-induced	1
Ectopic gestation	1
Haemorrhage:	
Placenta praevia	1
Other causes	5
Puerperal septicaemia	8
Toxaemia:	
Renal	12
Hepatic	2
Embolism and sudden death	5
Difficult labour	4
Inherent debility	1
Other causes:	
Tuberculosis	6
Influenza	3
Brain tumour	2
Heart disease	2
Other	6

TABLE XV.

CAUSES OF DEATHS AMONG WHITES OF MANITOBA—1939

According to the International List

Class I—Infectious and Parasitic Disease	521
Influenza	152
Tuberculosis	235
Syphilis	29
Typhoid fever	15
Others	90
Class II—Cancer and Other Tumours	886
Cancer and other malignant tumours	848
Buccal cavity and pharynx	22
Digestive tract and peritoneum	414
Respiratory organs	67
Uterus	60
Other female genital organs	27
Breast	63
Male genito-urinary organs	84
Skin	17
Other or unspecified organs	94
Non-malignant tumours	33
Tumours, nature not specified	5
Class III—Rheumatic Diseases, Diseases of Nutrition and of Endocrine Glands	208
Acute rheumatic fever	51
Diabetes mellitus	112
Diseases of the thyroid and parathyroid glands	20
Diseases of the Thymus Gland	11
Others	14
Class IV—Diseases of the Blood and Haematopoietic Organs	85
Pernicious anaemia	45
Others	40
Class V—Chronic Poisoning and Intoxications	8
Class VI—Diseases of the Nervous System and Organs of Special Sense	223
*Cerebral haemorrhage and thrombosis	81
General paralysis of the insane and locomotor ataxia	17
Dementia praecox and other psychoses	31
Epilepsy	19
Others	75

* Includes Hemiplegia, cause not specified.

Class VII—Diseases of the Circulatory System	1,686
Acute endocarditis	21
Chronic endocarditis, valvular diseases	187
Diseases of the myocardium	226
Diseases of the coronary arteries and angenia pectoris	541
Other diseases of the heart	68
Arteriosclerosis	502
Arterio hypertension	105
Other diseases of the circulatory system	36
Class VIII—Diseases of the Respiratory System	412
Bronchitis	106
Broncho pneumonia	136
Lobar pneumonia	108
Pneumonia, not specified	36
Asthma	38
Others	49
Class IX—Diseases of the Digestive System	418
Ulcer of the stomach or duodenum	48
Diarrhoea and enteritis (under two years of age)	73
Appendicitis	64
Hernia and intestinal obstruction	52
Cirrhosis of the liver	29
Biliary calculi	36
Others	116
Class X—Diseases of the Genito-Urinary System	375
Chronic nephritis	196
Diseases of the prostate	87
Others	92
Class XI—Pregnancy, Labour and Puerperal State	39
Class XII—Diseases of the Skin and Cellular Tissue	15
Class XIII—Diseases of the Bones and Organs of Locomotion	8
Class XIV—Congenital Malformations	70
Congenital malformations of the heart	33
Others	37
Class XV—Diseases of Early Infancy	295
Premature birth	199
Injury at birth	38
Others	58
Class XVI—Senility	67
Class XVII—Violent or Accidental Deaths	412
Suicide	82
Homicide	3
Accidents	322
Auto accidents	63
Other accidents by falls	119
Drownings	33
Other accidents	107
Wounds of war	2
Capital punishment	3
Class XVIII—Ill-Defined Causes of Death	12

TABLE XVI.

DEATHS FROM CERTAIN CAUSES WITH
RATES PER 100,000 POPULATION

Cause	Int. List 1929	Totals		Rates per 100,000			Population	
		1939	1938	1914	1929	1934 -1938	1939	Whites 1939
Typhoid fever	1	15	11	12.0	4.0	1.8	2.1	2.1
Measles	7	5	3	9.5	4.9	3.9	0.7	0.6
Scarlet fever	8	5	6	12.2	3.3	1.1	0.7	0.7
Whooping cough	9	41	31	10.2	6.6	5.5	5.6	3.2
Diphtheria	10	13	16	22.2	8.8	2.4	1.8	1.5
Influenza	11	179	137	3.6	33.3	19.9	24.6	21.3
Poliomyelitis	16	5	11	---	1.9	1.9	0.7	0.7
Encephalitis lethargica	17	11	6	---	1.6	1.1	1.5	1.4
Epidemic cerebrospinal meningitis	18	5	9	---	2.1	0.4	0.7	0.7
Tuberculosis, respiratory ...	23	294	287	70.4	51.4	46.0	40.5	26.3
Tuberculosis, other	24-32	74	62	18.1	12.1	12.0	10.2	6.6
Syphilis	34, 80, 83	54	51	13.8	5.5	7.6	7.4	7.1
Cancer	45-53	850	774	43.6	88.0	103.8	117.0	118.9
Other tumours	54, 55	40	41	---	1.9	6.3	5.5	5.3
Rheumatism	56, 57	56	36	7.8	3.7	4.1	7.7	7.4
Diabetes mellitus	59	112	75	4.5	10.2	10.6	15.4	15.7
Pernicious anaemia	71a	46	28	---	---	4.2	6.3	6.3
Alcoholism	75, 124a	7	8	2.5	2.1	1.7	1.0	1.0
Simple meningitis	79	14	7	16.9	3.4	2.7	1.9	1.3
Cerebral haemorrhage	82	63	81	22.7	44.7	14.2	8.7	8.7
Psychoses	84	33	33	4.7	3.1	4.3	4.5	4.3
Heart disease	90-95	1,054	961	53.6	92.4	114.2	145.0	146.5
Arteriosclerosis	97	603	457	6.7	38.5	61.1	83.0	84.5
High blood pressure	102	105	122	---	---	13.9	14.5	14.7
Pneumonia	107-9	356	408	89.4	88.4	59.8	43.9	34.1
Diarrhoea and enteritis (under 2 years)	119	93	131	121.4	15.6	14.9	12.3	9.7
Appendicitis	121	66	69	7.4	11.4	9.9	9.1	9.0
Hernia and intestinal obstruction	122	54	80	8.0	11.7	9.5	7.4	7.3
Nephritis	130-32	246	217	33.6	28.3	32.7	35.2	33.1
Prostatic disease	137	88	54	---	5.8	9.6	12.1	12.7
Puerperal septicaemia	140, 142a 145	13	18	9.1	5.4	2.6	1.8	1.4
Other puerperal causes.....	141-150 (save above)	32	21	13.8	9.1	5.0	4.3	3.9
Premature birth	159	207	241	---	36.2	30.0	28.4	27.9
Old age	162	70	112	23.1	12.3	11.2	10.5	9.4
Accidents	176-195	334	345	66.6	55.5	45.2	46.0	45.2
Homicides	172-175	3	7	1.5	2.1	1.4	0.4	0.4
Suicides	163-171	82	91	6.2	10.9	10.5	11.3	11.4

TABLE XVII.

LEADING CAUSES OF DEATHS
AMONG THE WHITES OF MANITOBA, 1939.

All Ages—Total: 5,740.

Heart Disease	1,044
Cancer	848
Arteriosclerosis	502
Accident	322
The Pneumonias	280
Nephritis	242
Tuberculosis	235
Premature birth	199
Influenza	152
Diabetes	112
Prostatic hypertrophy	87
Suicide	82

Under 1 Year—Total: 622.

Premature birth	199
The Pneumonias	76
Diarrhoea and enteritis	64
Congenital malformations	60
Injury at birth	38
Congenital debility	23
Influenza	20
Whooping cough	17
Accident	12
Convulsions	7
Tuberculosis	6
Intestinal obstruction	6

1 - 14 Years—Total: 250.

Accident	52
Tuberculosis	25
The Pneumonias	16
Appendicitis	16
Diphtheria	11
Diarrhoea and enteritis	9
Malformation	9
Influenza	8

15 - 24 Years—Total: 201.

Tuberculosis	40
Accident	40
Nephritis	12
The Pneumonias	8
Suicide	8
Cancer	7
Rheumatic fever	7
Encephalitis (not epidemic)	6

25 - 44 Years—Total: 579.

Tuberculosis	82
Cancer	73
Accident	71
Heart disease	56
Maternal	32
Suicide	29
Nephritis	18
The Pneumonias	17

45 - 64 Years—Total: 1,534.

Cancer	362
Heart disease	324
Arteriosclerosis	87
Nephritis	86
Accident	58
Tuberculosis	49
Hypertension	45
Suicide	42

65 - 79 Years—Total, 1,741.

Heart disease	453
Cancer	313
Arteriosclerosis	261
Nephritis	78
The Pneumonias	71
Influenza	55
Diabetes	55
Accident	47

80 Years and Over—Total: 803.

Heart disease	197
Arteriosclerosis	151
Cancer	86
The Pneumonias	55
Old age	47
Nephritis	45
Accident	39
Influenza	33

TABLE XVIII.

DEATHS DUE TO COMMUNICABLE DISEASE AMONG THE
WHITES OF MANITOBA, 1939

	Under 1 Year	1 - 14	15 - 44	45 - 64	65 and Over	Total
Typhoid Fever	1	1	10	2	1	15
Paratyphoid Fever	---	---	1	---	---	1
Measles	1	3	---	---	---	4
Scarlet Fever	1	2	1	1	---	5
Diphtheria	---	10	---	1	---	11
Whooping Cough	17	6	---	---	---	23
Influenza	20	8	12	24	88	152
Dysentery	2	2	3	---	1	8
Erysipelas	---	---	---	2	1	3
Poliomyelitis	1	2	2	---	---	5
Encephalitis Lethargica	---	1	4	3	2	10
Cerebrospinal Meningitis	4	1	---	---	---	5
Tetanus	---	2	3	1	---	6
Tuberculosis, Respiratory	4	6	107	44	27	188
Tuberculosis, Other	2	19	15	5	6	47
Syphilis	3	---	7	32	9	51
Septicaemia, Puerperal	---	---	13	1	---	14
Septicaemia, other	1	1	3	3	1	9
Lobar pneumonia	16	8	15	25	44	108
Diarrhoea and Enteritis	62	11	---	---	---	73
	135	83	196	144	180	738

TABLE XIX.

DEATHS FROM INFLUENZA AND PNEUMONIA BY MONTHS,

1935-1939

Month	Influenza		Respiratory	The Pneumonias		Lobar
	1935-38	1939	Influenza	(107 - 109)	1939	
	Average	No.	No.	Average	No.	Pneumonia
						1939
January	34.75	12	9	58.75	43	20
February	44.00	24	17	53.00	38	15
March	27.00	40	25	48.25	44	14
April	16.75	30	25	36.00	32	7
May	8.25	34	15	37.50	28	10
June	3.00	5	2	30.00	24	10
July	2.25	5	4	23.50	25	7
August	2.00	2	2	18.50	20	5
September	5.25	5	3	27.00	18	7
October	8.25	8	6	35.50	18	5
November	5.25	8	3	37.50	22	6
December	10.75	7	2	19.00	43	13
	165.50	180	113	424.50	355	119
Rates per 100,000						
Population	23.2	24.7	15.5	61.5	48.8	16.3

Of the 180 deaths attributed to influenza in 1939, 27 were of Indians.
Of those due to respiratory influenza 15 were of Indians.
Of those due to the pneumonias 75 were of Indians.
Of those due to lobar pneumonia 11 were of Indians.

TABLE XX.

DEATHS FROM LOBAR PNEUMONIA—MANITOBA, 1931 - 1939.

Year	No. of White Deaths Manitoba	Rate per 100,000 Population	No. of Deaths in Winnipeg
1931 -----	136	19.4	51
1932 -----	160	22.6	67
1933 -----	125	17.6	50
1934 -----	154	21.6	64
1935 -----	162	22.8	44
1936 -----	164	22.8	54
1937 -----	143	19.9	52
1938 -----	153	21.2	43
1939 -----	111	15.3	23

TABLE XXI.

DEATHS FROM TUBERCULOSIS
WITH RATES PER 100,000 POPULATION
MANITOBA, 1929 - 1939.

Year	Resp.	Whites Other	Rate	Resp.	*Indians Other	Rate	Rate for Province
1929 -----	385	66	54.2	58	15	353	63.4
1930 -----	293	77	56.0	75	11	382	66.7
1931 -----	268	54	47.5	90	17	465	75.4
1932 -----	205	45	36.4	127	20	626	56.0
1933 -----	195	44	34.2	147	28	760	58.3
1934 -----	201	45	35.7	118	25	636	54.7
1935 -----	212	57	39.2	144	19	740	60.7
1936 -----	185	48	34.0	156	31	869	59.0
1937 -----	181	55	33.5	149	41	904	59.4
1938 -----	167	33	28.6	120	29	693	48.5
1939 -----	159	43	28.6	135	24	728	49.5

*Including Half-breeds.

TABLE XXII.

DEATHS FROM TUBERCULOSIS, 1939
AMONG WHITES, HALF-BREEDS AND INDIANS
BY AGE, SEX AND TYPE

[illegible]

TABLE XXIII.

DEATHS DUE TO CANCER
AMONG THE WHITES, MANITOBA, 1939.

Site	Under 25	25-44	45-64	65-79	80 and over	M.	F.	All
Mouth and throat	--	1	10	9	2	22	0	22
Stomach	--	10	75	96	25	139	67	206
Rectum	--	3	15	13	2	22	11	33
Other digestive organs	1	13	62	70	29	98	77	175
Lungs, incl. broncho-genic	--	4	33	16	1	39	15	54
Other respiratory organs	1	1	5	6	---	8	5	13
Uterus	--	10	31	16	3	---	60	60
Other female genital organs ..	2	4	14	7	---	---	27	27
Breast	--	6	40	11	6	---	63	63
Male genito-urinary organs ..	2	8	24	43	7	84	---	84
Skin	--	---	4	7	6	12	5	17
Bones other than jaw	2	1	7	7	---	11	6	17
Brain	--	10	11	1	---	14	10	24
Other parts	4	2	31	11	5	22	31	53
	14	73	362	313	86	471	377	848

TABLE XXIV.

DEATHS DUE TO DISEASE OF THE CIRCULATORY SYSTEM
AMONG THE WHITES IN MANITOBA, 1939.

	Under 45	45-64	65-79	80 and over	M.	F.	All
Of the Heart:	70	324	453	197	673	371	1,044
Valvular, endocardial	34	59	76	39	120	88	208
Myocardial	10	34	107	75	121	105	226
Coronary	21	212	240	68	396	145	541
Other and unspecified	5	19	30	15	36	33	69
Of the Arteries:	11	147	313	171	361	281	642
Arteriosclerosis	3	87	261	151	300	202	502
Hypertension	6	45	41	13	38	67	105
Gangrene, aneurysm, phlebitis, etc.	2	15	11	7	23	12	35
Associated Conditions:							
Cerebral haemorrhage and thrombosis	5	12	41	17	41	34	75
Nephritis not acute	23	81	76	43	115	108	223
Diabetes	12	34	55	11	43	69	112

TABLE XXV.—DEATHS FROM CIRCULATORY DISEASE, 1931-1939.

	1931	1932	1933	1934	1935	1936	1937	1938	1939
Pericarditis	6	5	5	2	2	1	2	4	1
Endocarditis, acute	12	22	14	14	12	16	15	23	19
Endocarditis, chronic	212	203	199	191	218	178	193	160	182
Myocarditis	218	212	240	238	208	216	251	230	232
Coronary disease	175	259	232	285	312	412	420	474	545
Other diseases of heart	98	106	87	63	92	80	81	70	74
Aneurysm	13	18	14	23	8	10	17	18	13
Arteriosclerosis and gangrene	246	280	293	334	372	379	416	463	503
Other diseases of circulatory system	85	71	101	70	108	109	145	140	127
	1,065	1,176	1,185	1,220	1,332	1,401	1,540	1,582	1,696

TABLE XXVI.

DEATHS FROM CORONARY DISEASE AND ARTERIOSCLEROSIS
Totals for Nine Years—According to Age.

	M.	F.	Under										85 and over
			40	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-85	
Coronary disease ..	2,230	884	63	69	152	275	385	505	497	485	380	201	100
Arterio- sclerosis	1,862	1,418	14	20	41	106	168	285	401	606	684	547	414

TABLE XXVII.

DEATHS FROM CORONARY DISEASE AND ARTERIOSCLEROSIS
Average Rates per 100,000 1936 Population
According to Age.

	M.	F.	Under										85 and over	All
			40	40-44	45-49	50-54	55-59	60-64	65-69	70-74	76-79	80-85		
Coronary disease	6.7	2.0	14	18	39	79	145	270	351	494	620	729	767	4.8
Arterio- sclerosis ..	5.6	4.6	.3	5	10	30	62	151	283	622	1147	2000	3133	5.1

TABLE XXVIII.—DEATHS ATTRIBUTED TO DIABETES MELLITUS
MANITOBA—1930-1939.

Year	Under 20		20 - 65		65 and Over		All		Rate per 100,000
	M.	F.	M.	F.	M.	F.	M.	F.	
1930	2	4	14	16	13	19	29	39	10.0
1931	—	4	17	12	16	5	33	21	7.5
1932	2	3	11	14	19	28	32	45	10.9
1933	1	1	18	13	15	23	34	37	10.0
1934	1	3	8	16	17	24	26	43	9.7
1935	2	2	20	22	15	23	37	47	11.8
1936	3	2	12	15	25	20	40	37	10.8
1937	—	2	15	19	26	13	41	34	10.5
1938	3	2	11	17	21	21	35	40	10.4
1939	2	3	18	24	23	42	43	69	15.3
	16	26	144	168	190	218	350	412	10.7

TABLE XXIX.

DEATHS DUE TO VIOLENCE AND ACCIDENT
AMONG THE WHITE POPULATION—MANITOBA, 1939.

Cause of Death	Under 5	5-14	15-24	25-64	65 and over	M.	F.	Total
Accident -----	32	33	41	129	88	232	91	322
Falls and blows: -----	5	14	20	74	69	130	52	182
In mines and quarries -----	---	---	1	2	---	3	---	3
By machinery -----	1	---	2	6	---	8	---	9
On railroad -----	---	1	2	11	2	15	1	16
Through automobile -----	1	8	11	33	10	49	14	63
In other land traffic -----	2	1	1	8	6	16	2	18
Elsewhere -----	1	4	3	14	51	39	34	73
Poison -----	---	1	---	4	1	3	3	6
Drowning: -----	4	6	8	12	3	29	4	33
From boat -----	---	1	1	4	---	6	---	6
Otherwise -----	4	5	7	8	3	23	4	27
Burns: -----	9	3	3	14	---	19	16	35
In conflagrations -----	3	---	---	5	1	6	3	9
Otherwise -----	6	3	3	9	5	13	13	26
Gunshot -----	1	4	5	6	1	15	2	17
Suffocation -----	9	2	3	2	1	8	9	17
Exposure to cold -----	---	---	---	4	3	6	1	7
Heat -----	---	---	---	2	1	3	---	3
Electric current -----	---	---	---	2	---	2	---	2
Injuries by animals -----	3	2	---	5	---	8	2	10
Other and undetermined -----	1	1	2	4	2	9	1	10
Homicide -----	---	---	---	2	1	2	1	3
Suicide: -----	---	---	8	71	3	69	13	82
By firearms -----	---	---	4	21	---	24	1	25
By poison -----	---	---	2	19	1	17	5	22
By strangulation -----	---	---	---	12	---	9	3	12
By drowning -----	---	---	2	10	---	8	4	12
By other means -----	---	---	---	9	2	11	---	11
Wounds of War -----	---	---	---	2	---	2	---	2
Capital Punishment -----	---	---	---	3	---	3	---	3

TABLE XXX.

CERTAIN CAUSES OF DEATHS OF INDIANS.
(Not including Half-breeds)

Disease	1934-1938 Average	1939
Whooping cough -----	18.4	18
Influenza -----	19.8	27
Tuberculosis, respiratory -----	121.2	106
Tuberculosis, other -----	27.6	27
Syphilis -----	2.0	3
Cancer -----	5.0	2
Other communicable diseases -----	2.8	4
Bronchitis and pneumonia -----	58.2	79
Measles -----	7.8	1
Diseases of nervous system -----	17.8	16
Diseases of circulatory system -----	10.4	11
Other diseases of respiratory system -----	1.6	7
Diarrhoea and Enteritis -----	15.6	20
(under two years)		
Other diseases of digestive system -----	9.4	9
Nephritis -----	4.8	4
Puerperal -----	5.2	7
Congenital debility -----	19.0	21
Premature birth -----	7.8	8
Injury at birth -----	4.2	4
Other diseases and malformations -----	6.4	14.
Senility -----	10.2	9
Accident -----	12.2	12
Not specified -----	5.8	11
1939:		
No. of Treaty Indians -----	14,348	
No. of Live Births -----	599	
No. of Marriages -----	106	
No. of Deaths -----	431	
No. of Stillbirths -----	15	

TABLE XXXI.

REGISTRY

REVENUE FROM CERTIFICATES ISSUED BY VITAL STATISTICS
DIVISION FOR YEARS 1938 AND 1939.

	1938	Revenue	1939	Revenue
No. of Birth Certificates issued.....	5,453	\$ 4,089.75	5,933	\$ 4,449.50
No. of Death Certificates issued.....	713	534.25	671	503.25
No. of Marriage Certificates issued....	862	646.25	884	663.25
No. of Searches made	10,339	2,584.75	12,453	3,113.25
		<u>\$ 7,584.75</u>		<u>\$ 8,729.25</u>
No. of Marriage licenses sold	4,804	<u>\$19,216.50</u>	<u>6,195</u>	<u>\$24,782.00</u>
Total Revenue		<u>\$29,938.31</u>		<u>\$36,417.19</u>

The following are the number of registrations for 1938 and 1939:

	1938	1939
Births—White	12,911	13,025
Indians	622	599
	<u>13,533</u>	<u>13,624</u>
Marriages—White	6,134	7,569
Indians	125	106
	<u>6,259</u>	<u>7,675</u>
Deaths—White	5,605	5,740
Indians	346	432
	<u>5,951</u>	<u>6,172</u>
Stillbirths—Whites	335	310
Indians	10	15
	<u>345</u>	<u>325</u>

CLINICS

Number of Operating Days	207½
Number of Clinicians	21
Number of Schools represented	108
Number of Clinics held	47
Sponsored by School Boards, Teachers, or School Trustees	24
Sponsored by Women's Institutes, United Farm Women of Manitoba, and other Ladies' Aids	23
Total Number of Patients	4,165
Operated on	2,914
Passed "O.K."	1,251
Total Number of Operations	8,176
Extractions, temporary	2,513
Extractions, permanent	629
Fillings	4,934
Treatments	510
Prophylaxis	159
Extractions under General Anaesthetic	3
Special Cases referred	8

Canadian Foundation for Preventive Dentistry
Manitoba Division

Clinic Report
for
1939

TOWN OR DISTRICT WHERE CLINIC HELD	No. of Schools	No. Operating Days	No. Children Examined	No. Children Operated on.	Extractions		FILLINGS							Silver Nitrate Treatments	Prophylaxis	Extraction under General Anaesthetic	Referred for Special Treatment	CLINIC QUARTERS	CLINICIANS	SPONSORS	REMARKS
					Temporary Teeth	Permanent Teeth	Amalgam	Copper Amalgam	Copper Cement	Cement	Cement Base	Synthetic Porcelain									
																	DOCTOR				
Amaranth	2	3	56	38	39	11	35	15	4	1	1	1	---	---	---	---	School Room	W. R. Morrison	Women's Inst.—Dept. of Health	High School—1 day	
Arborg	1	6	113	107	30	38	191	---	---	6	2	1	5	43	---	---	Hotel Room	H. R. Tweed	U.F.W. of M.—Dept. of Health		
Arden	12	14	270	176	127	23	158	---	---	5	1	20	4	3	1	5	Bank Building	P. Cleave	W.I., School Bd.—Dept. of Health		
Arrow River	2	3	38	28	8	4	65	---	---	---	---	---	5	1	---	---	School Room	J. M. Williams	Women's Inst.—Dept. of Health		
Basswood	1	3	103	38	9	2	25	25	8	1	---	14	6	---	---	---	School Library	W. R. Morrison	W.I., School Bd.—Dept. of Health	High School—½ day	
Beulah	1	3	76	46	26	6	89	---	---	---	10	5	79	1	---	---	School Room	R. L. Miles	Women's Inst.—Dept. of Health		
Chatfield	3	2	67	60	92	5	30	---	---	---	6	---	7	---	---	---	School Room	H. A. Towe	Women's Inst.—Dept. of Health	High School—½ day	
Clear Lake S.D.	1	2	39	30	19	6	---	57	10	3	---	4	---	---	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Cranberry Portage	1	3	63	55	5	16	53	---	---	21	18	6	8	---	---	---	Rest Room	B. A. Biggs	School Club—Dept. of Health		
Crandall	2	2½	90	41	16	2	39	11	5	1	---	6	4	---	---	---	Room in Church	W. R. Morrison	Women's Inst.—Dept. of Health		
Decker	1	2	59	41	21	5	48	---	---	3	---	---	12	---	---	---	School Room	J. M. Williams	W.I., School Bd.—Dept. of Health	May, 1939 October, 1939	
Deloraine (Rural)	18	5	396	208	162	46	64	64	48	9	1	---	---	---	---	---	School Room	W. R. Morrison	Women's Inst.—Dept. of Health		
Deloraine	3	5	109	72	66	12	14	67	19	9	1	---	15	---	---	---	School Room	W. R. Morrison	Women's Inst.—Dept. of Health		
Edrans	4	3	72	54	44	8	72	---	---	---	5	6	---	---	---	---	2 Schools, 1 Home	C. T. Boyd	Women's Inst.—Dept. of Health		
Erickson	1	3	94	73	46	15	57	37	10	14	---	---	---	---	---	---	School Room	W. R. Morrison	W.I., School Bd.—Dept. of Health		
Flower, S.D.	1	2	27	26	37	10	9	---	13	---	4	---	2	17	---	---	School Room	H. H. Smith	W.I., School Bd.—Dept. of Health		
Gilbert Plains	1	2	64	58	107	12	75	---	---	---	---	---	---	2	---	---	School Office	F. R. King	W.I., School Bd.—Dept. of Health	Grades 3 and 4 only	
Gimli (Husavick)	2	5½	75	68	48	10	126	---	---	13	17	3	1	5	2	---	Dental Office	A. B. Ingimundson	Ladies' Aid Club—Dept. of Health		
Gladstone	1	1	27	19	17	4	34	---	---	---	1	---	---	---	---	---	Dental Office	C. T. Boyd	Women's Inst.—Dept. of Health		
Golden Branch S.D.	1	1	28	21	18	2	15	5	2	6	---	---	1	---	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Green Bluff S.D.	1	3	35	30	29	13	25	8	---	---	---	6	10	5	---	---	School Room	H. H. Smith	School Board—Dept. of Health		
Hardy S.D.	1	1	28	21	28	10	12	5	3	5	---	---	---	---	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Isabella	1	4	71	50	46	19	127	---	---	1	15	---	7	11	---	2	School Room	R. L. Miles	Women's Inst.—Dept. of Health	High School—1 day	
Keyes	1	1	19	9	8	---	17	---	---	---	---	---	---	---	---	---	School Room	C. T. Boyd	School Board—Dept. of Health		
Lavinia	1	2	34	28	18	4	35	---	---	---	---	---	14	---	---	---	School Room	J. M. Williams	W.I., School Bd.—Dept. of Health		
Lenore	3	6	88	60	48	9	99	---	---	---	---	---	2	5	---	---	School Room	J. W. Bradley	Women's Inst.—Dept. of Health		
Manson	1	3	72	59	51	6	47	---	---	3	---	2	14	1	---	---	School Room	C. L. Strachan	U.F.W.M., School Bd.—Dept. of Health		
Marchand	3	1	19	15	16	3	5	3	5	4	---	---	1	---	---	---	School Room	H. R. Day	Women's Inst.—Dept. of Health		
Morraville S.D.	1	1	25	14	3	4	20	---	---	---	---	---	---	1	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Mossgiel	1	2	32	29	32	8	40	---	---	---	---	---	---	1	---	---	School Room	F. M. Betts	School Board—Dept. of Health		
Ochre River	2	3	135	93	78	8	72	---	---	---	3	---	---	12	---	---	Wom. Inst. Hall	F. R. King	Women's Inst.—Dept. of Health	High School—½ day	
Onanole	1	2	49	28	16	2	7	34	9	---	---	8	1	---	---	---	Community Hall	W. R. Morrison	U.F.W. of M.—Dept. of Health		
Piney	3	4½	104	77	95	8	75	30	12	12	---	---	---	---	---	---	Community Hall	W. R. Morrison	Community Club—Dept. of Health		
Providence	1	2	36	24	31	5	8	30	4	---	---	---	1	---	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Ridgeville	1	2	64	31	11	1	14	34	3	1	---	4	3	---	---	---	School Room	W. R. Morrison	School Board—Dept. of Health		
Riverland S.D.	1	1	33	27	14	2	27	---	---	---	---	2	---	---	---	---	School Room	B. B. Claman	Ladies' Club—Dept. of Health		
Rossgburn	4	4	82	68	142	22	132	---	---	---	30	---	135	---	---	---	Dental Office	R. L. Miles	Women's Inst.—Dept. of Health		
St. Francis Xavier	7	12	220	160	92	37	174	58	35	14	2	---	28	---	---	---	Various	W. R. Morrison	School Board—Dept. of Health	High School—½ day	
Sidney	2	4	70	56	98	30	44	5	3	2	---	---	---	---	---	---	School Room	A. L. Church	Women's Inst.—Dept. of Health		
Sifton	2	3	117	91	93	18	163	---	---	3	4	---	---	---	---	---	Community Hall	F. R. King	Women's Inst.—Dept. of Health		
Solsgirth	1	3	54	38	17	14	88	---	---	6	21	5	86	6	---	---	Rest Room	R. L. Miles	Women's Inst.—Dept. of Health		
Springback	1	1	24	12	8	---	6	14	5	4	---	---	---	---	---	---	School Building	W. R. Morrison	School Board—Dept. of Health		
Strathclair	1	8	129	116	91	10	130	9	33	---	11	---	1	28	---	---	School Rooms	H. H. Smith	W.I., School Board—Dept. of Health		
Two Creeks	1	2	27	24	23	4	48	---	---	4	---	---	2	---	---	---	School Rooms	A. R. Hurst	---		
Warren	2	4	74	39	72	14	27	32	4	23	---	---	---	---	---	---	School Rooms	C. L. Strachan and J. W. Bradley	Women's Inst.—Dept. of Health		
West Kildonan	4	56	634	441	403	127	586	---	---	250	238	---	56	---	---	---	School Room	W. R. Morrison	Women's Inst.—Dept. of Health	1,034 children examined 232 completed costs.	
																	School Clinic Room	A. V. Johnson; I. Jackson	West Kildonan Dental Clinic Board—Dept. of Health		
Wicklow S.D.	1	1	24	15	11	14	21	---	---	---	---	---	---	---	---	1	School Room	M. A. Deagle	School Bd., U.F.W.M.—Dept. of Health		
TOTALS	108	207½	4,165	2,914	2,513	629	3,248	543	235	424	397	87	510	159	3	8					

